



**OAKCARE  
MEDICAL  
GROUP**

# Administrative Directorship

Alameda Health System

**Due within 10 days of month's end**  
Submit to forms@oakcaremedical.com  
or Fax to 510-645-1173

## Monthly Reporting of Administrative Directorship Time

MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

ANNUAL HOURS \_\_\_\_\_

NAME \_\_\_\_\_ DEPT. \_\_\_\_\_

AVG. MONTHLY HOURS \_\_\_\_\_

Administrative Directorship Activities	Hours/Month
1. Scheduling and Staffing	
2. Oversight of Nurses, Mid-levels, Techs, etc.*	
3. Policies, Procedures & Protocols	
4. Quality Review/Assurance Activities	
5. Interaction with other Departments/Physicians	
6. General Administration (Calls, eMails, Meetings, etc.)	
7. Other (Specify: _____).	
<b>TOTAL</b>	

Vacation/CME from \_\_\_\_\_ to \_\_\_\_\_. \* I attest that these administrative directorship activities were conducted during this month.

Administrative Director Signature \_\_\_\_\_ DATE \_\_\_\_\_