



OAKCARE
MEDICAL
GROUP

Teaching Leadership Role

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 Teaching Program Leadership Time

MONTH _____ YEAR _____

ANNUAL HOURS _____

NAME _____

DEPT. _____

AVG. MONTHLY HOURS _____

Teaching Leadership Activities	Hours/Month
TOTAL	

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

Administrative Director Signature _____ DATE _____