

# Time Allocation Form (TAF)

## TRADITIONS BEHAVIORAL HEALTH

**Part I: Doctor**

Please fill out the following information, then have your administrator approve Part II.

Physician Name	Facility

Indicate the amount of time spent under each appropriate categories (Patient Care, Admin and Other). If you use the online form, it will automatically tally them up under Time Worked. If you used any Paid Time Off (Vacation and/or Sick time), enter it separately in the PTO column.

Day	Date	Patient Care	Admin	Other	Time Worked	PTO
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						

*Comments:*

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Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

**Part II: Administrator**

Administrator, please sign if you approve of the physician's time allocation.

Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

**Part III: TBH**

Doctor, please submit completed and approved form to TBH Accounting Office at the end of each week:

**Fax: (707) 253-0457**