

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. If you enter the Sunday of the week you worked, the rest of the dates will get filled in.

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

Comments:

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