

TRADITIONS BEHAVIORAL HEALTH

TIME ALLOCATION FORM

Week Ending Date (Friday): _____

Doctor Name: _____

Facility: _____

Indicate the amount of time spent under each appropriate category:

Day	Date	Patient Care	Non-Billable Patient Care	Training	Admin	Paid Time Off (PTO)	Total Time Spent
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
	TOTALS:						

Comments: _____

Doctor Signature: _____

Date: _____

Administrator Signature: _____

Date: _____

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

FAX: (707) 258-0910