

RESIDENT TIMECARD (VA TIME ONLY)

Name

Family Practice

		Number of			Call hours	TOTAL		
		regular hours	TIME	WORKED	Spent in	HOURS	LEAVE	USED
		worked			VA hospital	WORKED		
Day	DATE		FROM	TO			FROM	TO
Sun								
Mon								
Tue								
Wed								
Thu								
Fri								
Sat								
Sun								
Mon								
Tue								
Wed								
Thu								
Fri								
Sat								

Turn in to Marie Montgomery at end of two week period.

Resident _____

Posted By _____ Date _____

SECTION CHIEF, DERMATOLOGY SECTION _____