SUB-SPECIALTY RESIDENTS
TIME/EFFORT REPORT

Time/Effort Reports are due to Karen Brooks by the 7th of each month.

(1) Division
(2) Month and Year (If submitting January 7th, December is the report that is due. You should put December for the month)
(3) Resident’s name
(4) Resident’s PGY level
(5) Percent time spent at each facility during the month.
(6) Should equal 1.0 FTE
(7) Program Director’s signature
(8) Division
(9) Month and year of report
### Monthly Report of Resident Time/Effort

**List Percent Time Spent at Each Facility During the Month**

<table>
<thead>
<tr>
<th>Resident's Name: Last Name, First</th>
<th>POG/Service</th>
<th>1H</th>
<th>THC</th>
<th>Other UAB</th>
<th>GH</th>
<th>VAMC</th>
<th>EPH</th>
<th>BWMC</th>
<th>Bryce</th>
<th>CMMC</th>
<th>DCH</th>
<th>HSMC</th>
<th>SH</th>
<th>UABMW</th>
<th>CPIT</th>
<th>SRC</th>
<th>Clinical Research</th>
<th>BCH/BMC</th>
<th>Research</th>
<th>Other Hospital (Name at Right)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTALS</td>
<td></td>
<td>0.00</td>
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<td>List Resident's Parent Institution Below</td>
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</tbody>
</table>

Residents from Other Institutions (Do not include time for visiting residents in your program's totals)

|                             |             | 0.00 | 0.00 | 0.00    | 0.00 | 0.00 | 0.00 | 0.00 | 0.00  | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
|-----------------------------|-------------|------|------|--------|-----|-----|-----|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|------|

This report is an accurate accounting of the percent time and effort for residents in the Program during the month of Program Director's Signature

Please forward to Debbie Jones, RWUH M190, Fax # 5-9279 or email to djoness@uabmc.edu by the 7th of each month.

**Abbreviations:**
- UH = UAB Hospital
- TC = The Kirkwood Clinic
- Other UAB = Other UAB clinics or buildings (i.e., Kaul, Dental Clinic, Sparks Center, CHSB, 1917, Smolian)
- GH = The Children's Hospital and Clinics
- VAMC = Birmingham VAMC Hospital and Clinics
- EPH = Eye Foundation Hospital and Clinics
- BWMC = Brookwood Medical Center and Clinics
- Bryce = Bryce State Hospital
- CMMC = Carraway Methodist Medical Center and Clinics
- DCH = DCH Regional Medical Center
- HSMC = HealthSouth Medical Center and Clinics
- SH = St. Vincent's Hospital and Clinics
- UABMW = UAB Medical West
- CPIT = Center for Psychiatric Medicine
- SRC = Spain Rehab Center
- Other Hospital = Any other hospital not listed on form
- Other = Outpatient clinic/physician's office not included on form
- Other = Use this space to report time for leave of absences with and without pay, academic classwork, military leave, etc.
- Other = University Revises paid vacation and sick leave taken