

**Medical College of Georgia-Hospital and Clinics  
 Monthly Record of Hours Worked  
 Interns, Residents and Fellows**

Name: \_\_\_\_\_

Department: \_\_\_\_\_

For the Month of: \_\_\_\_\_

Date	Location: MCG		Called In Hours	Number of Calls After Work Hours	Total Time Fielding Calls	Total Disruption Time
	Time In	Time Out				
1						
2						
3						
4						
5						
Total Hrs						
6						
7						
8						
9						
10						
11						
12						
Total Hrs						
13						
14						
15						
16						
17						
18						
19						
Total Hrs						
20						
21						
22						
23						
24						
25						
26						
Total Hrs						
27						
28						
29						
30						
31						
Total Hrs						
<b>Totals</b>						

I certify that this timesheet is properly recorded.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Chairman Signature