PROVIDENCE REGIONAL MEDICAL CENTER EVERETT Medical Staff Time Sheet

Complete by the 15th of each month and click submit to send to the Medical Staff Office for approval.

- Fax to 425-261-3095
- Email to PRMCEMedicalStaffServices@providence.org

Include hours worked per day (rounded to the nearest half hour) with the activity noted such as:

- Meetings
- Application Review (to include phone calls)
- **Peer Review** .
- Other (specify)

MONTH	MONTH		
Date	Activity Description	Hours	
	Total hours worked		

## I attest that the above activities and hours are true and accurate.

Signature:	Signature:	Date
	Approval Signature:	Date: