

**MICHIGAN STATE
UNIVERSITY**

Moonlighting Hours Reporting Form

Resident Name: _____
 Pager Number: : _____
 Academic year: 2011-12
 Block number: : _____
 Title of assigned block rotation: : _____
 Date Form Submitted to Residency Office: _____

	Residency Related Duties	ICU Gap Nights	Other Moonlighting	Total for Week
Week 1	Hours:	1) Date: Hours: 2) Date: Hours:	Hours:	Hours:
Week 2	Hours:	1) Date: Hours: 2) Date: Hours:	Hours:	Hours:
Week 3	Hours:	1) Date: Hours: 2) Date: Hours:	Hours:	Hours:
Week 4	Hours:	1) Date: Hours: 2) Date: Hours:	Hours:	Hours:

Signature: _____

Please note:

- * Residency related duties = number of hours worked for the week during your scheduled rotation. This must match the total number you enter on e-value for the week.
- * Other moonlighting hours include ER, external moonlighting and various opportunities available from time to time.
- * Your total **averaged** over the 4 weeks period **MUST** not exceed 80 hours /week.