

DUTY HOURS FORM

Please submit these hours as soon as possible on Medhub so we may add this to our Duty Hours Report. This report will be reviewed by the Program Directors for further possible improvements and during 6 month Evaluations.

As a reminder, it is imperative that residents appropriately log work hours in accordance with ACGME Program Requirements, and that this process is done on a daily, or every other day basis (**Please see the ACGME Clinical Experience and Education Table attached**). **If you are unable to submit, please complete the Duty Hours Form and email it to anes.admin@llu.edu.**

Should you have further questions or concerns, please see FAQs for Duty Hour submissions at <https://resqmedical.com/faqs/> or you may email anes.admin@llu.edu.

LAST NAME _____ FIRST NAME _____

TODAY'S DATE (MM/DD/YY) _____ BLOCK# _____

ERROR TYPE (please select all that apply)

- No Hours
- Submission Required
- Possible Incorrect Hours Detected
- Type of Hours Inputted Incorrectly (Standard, Moonlighting, Clinical Work from Home, Home call)
- Other _____

Please continue to the next page to complete your adjusted Duty Hours.

RESIDENT / FELLOW DUTY HOURS LOG

Directions: Please complete all the following sections that apply. Please ensure that you indicate the week you are reporting from Sunday – Saturday and indicate the rotation you are on.

WEEK 1 _____ **ROTATION** _____

DAY	TIME FRAME	TYPE OF HOURS	# HOURS	COMMENTS
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

WEEK 2 _____ **ROTATION** _____

DAY	TIME FRAME	TYPE OF HOURS	# HOURS	COMMENTS
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

WEEK 3 _____ **ROTATION** _____

DAY	TIME FRAME	TYPE OF HOURS	# HOURS	COMMENTS
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

WEEK 4 _____ **ROTATION** _____

DAY	TIME FRAME	TYPE OF HOURS	# HOURS	COMMENTS
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				