

**MICHIGAN STATE  
UNIVERSITY**

**Moonlighting Hours Reporting Form**

Resident Name:  
 Pager Number:  
 Academic year: 2008-2009  
 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.