

ANNUAL ADMINISTRATION ACTIVITIES WORKSHEET

(Percentage effort ____ %)

A. Health Sciences Center/School/Hospital/Community (specify)	Position
1. Department Head or Similar Administrator (specify - e.g. SOM, MCLNO, hospital, etc)	
2. Section Chief (specify - e.g. SOM, MCLNO, hospital, etc)	
3. Center Directorship (specify - e.g. COE)	
4. Society Officer/Board Member	
5. Community Service - Leadership Role	
6. Other	
B. Program Development (specify)	
C. Institutional income from Administration not reflected in faculty pay	

Self-Assessment Notes:

Supervisor: _____

Date: _____

Faculty Member: _____

Date: _____