LOCUMCARE

OFFICE USE ONLY:

Clinician #: _____

Assign. #: _____

Specialty: _____

*Client approved work logs are due by **noon each Monday***

Clinician Name: _____ **Week Ending:** _____

Worksite: _____

DATES WORKED	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	TOTAL
*Worksites -**IF MULTIPLE**, note facility per day worked*								
ACTUAL HOURS WORKED Start Time:								
End Time:								
Time taken for meal period								
Total Actual Hours Worked								
Offsite Call – mark which day(S)	☐	☐	☐	☐	☐	☐	☐	
Total Offsite Call Back Hours Worked:								
In-house Call – mark which day	☐	☐	☐	☐	☐	☐	☐	
Total In-house Call Hours: *(i.e. 16, 24 hours)*								

***Note**: If a guarantee of weekly hours worked is reflected on the assignment confirmation document, the guarantee is not applicable in weeks if a holiday occurs or for any hours not worked by the clinician due to requested personal time off.*

Premium pay hours worked are governed by the terms on your assignment confirmation. Please ensure that any hours worked beyond your shift are approved by the client and provide explanation below:

Submit your expense receipts along with your D&Y expense form for any auto rental, airline, lodging, and approved miscellaneous expenses for reimbursement. ***(Note: Expenses over 60 days from first shift worked will not be accepted for reimbursement).***

If personal auto was used, mileage incurred _____

Locum Care Clinician Signature

Client Representative Approval Signature

Locum Care Clinician (PLEASE PRINT NAME)

Client Representative (PLEASE PRINT NAME)

Clinician and client signatures are required