



**PLEASE FAX COMPLETED WORK LOG TO
(866) 263-0005 or (888) 658-3559**

Work logs are due each Monday at 5:00 p.m. CST. Work logs received after **Monday at 5:00 p.m. CST** will be processed with the following week's payroll.

Please list date(s) along with **ACTUAL HOURS WORKED** by logging the times checking in and out.

| Date | Day | Time Start | Lunch | Time End | Total Hours Worked** |
|---------------|-----------|------------|---------|----------|----------------------|
| 11/19/08 | Sample | 8:00 | 30 min. | 4:30 | 8 |
| | Monday | | min. | | |
| | Tuesday | | min. | | |
| | Wednesday | | min. | | |
| | Thursday | | min. | | |
| | Friday | | min. | | |
| | Saturday | | min. | | |
| | Sunday | | min. | | |
| Totals | | | | | |

****Holiday and Overtime rates will be applied to qualifying hours during processing.**

****If you did NOT work 40 hours this week, please explain.**

CANDIDATE

This Work Log must be personally filled out and signed by the Candidate. **Candidate is responsible for obtaining approval from an authorized client representative.** Candidate and Delta agree and accept that the terms of the Work Log are binding in conjunction with the Provider Agreement and the Assignment Detail Letter. I certify that the above information is correct.

Signature

Candidate Name (Please Print)

Date

CLIENT

As Client's authorized representative, I certify that the information detailed on this Work Log is correct and that the work was performed satisfactorily. I acknowledge the terms of the Work Log are binding to Client in conjunction with the Client Service Agreement and the Assignment Detail Letter.

Name of Authorized Representative (Please Print)

Facility Name

Title

Signature

Date