



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

Work logs are due each Monday at 10:00 a.m. Work logs received after **Monday at 10:00 a.m.** could 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**
1/19/12	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.**

- 40 hours was not made available to me
- I was not available to work 40 hours

****If the above boxes do not apply to you, 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