



# White Mountain Medical Staffing, LLC

## Record of Hours Worked

Contractor Name \_\_\_\_\_ Week Ending Sunday \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Facility Name \_\_\_\_\_ Modality \_\_\_\_\_

Day/Date	Time In	Time Out	Less Lunch	OT	Total Time	Call Time	Beeper Time	Drive Time
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
<b>Total</b>								

\* Record to the nearest quarter hour: .15 min. = .25, .30 min. = .50, and .45 min. = .75

1. Signing below certifies that the above hours worked are correct.
2. **AGENT/CONTRACTOR** - This record of hours worked is your responsibility. You cannot be paid unless you and the client sign the sheet. I hereby certify that this sheet is true and that I sustained no injuries during this assignment.

Agent: \_\_\_\_\_  
 Print  
 \_\_\_\_\_  
 Signature

3. **CLIENT** - Six (6) hour per day minimum. No agent of the company is to be paid directly. Client's signature certifies that the time set forth as hours worked is correct and that the work was performed in a satisfactory manner. Client also certifies that the agent incurred no injuries related to this assignment.

Client: \_\_\_\_\_  
 Print  
 \_\_\_\_\_  
 Signature

Please fax sheet by 11:00 am Monday