



Provider Work Log

Provider Name: (PLEASE PRINT)	Week Ending Date: (Friday)
Worksite Name (Hospital):	Worksite City, State

REPORT HOURS WORKED IN 0.25 HOUR INCREMENTS

	DATE WORKED (MM/DD)	HOURLY START TIME: (EX: 7 A.M.)	HOURLY END TIME (EX: 7 P.M.)	TOTAL REGULAR HOURS	HOLIDAY/PREMIUM HOURS	ON CALL SHIFT (Y OR N)	CALL START TIME: (EX: 7AM)	CALL END TIME: (EX: 7AM)	ROUNDING HOURS	CALLBACK HOURS
SAT										
SUN										
MON										
TUE										
WED										
THU										
FRI										
TOTALS										

WORK LOG NOTICE

In order to ensure that payment is not delayed, work log and expense forms must be forwarded no later than **Monday by Noon CST**. Work logs must also be signed by the client representative that you report to at your assignment. Those that are received after the Monday deadline will be processed the following week. Unsigned work logs will not be processed for payment.

Client Representative Signature

Provider Signature

Expenses:

Please use Interim Physicians expense reimbursement form.

RETURN TO:

Interim Physicians, LLC
 (800) 865-3564 (FAX)
worklogs@interimphysicians.com (EMAIL)

Hourly Start/End Time = the actual start and end times of a shift (even if the shift is paid at a flat rate we need the hours spent on-site)

Total Regular Hours = the total # of hours

Holiday/Premium Hours = any hours worked during a holiday, and/or hours that should be paid at a premium rate

On Call Shift = Put Y if on call or N if not on call

Call Start/End Time = the actual start and end times of a call shift

Rounding Hours = the total # of hours rounding

Callback Hours = Total # of hours called back to hospital during a call shift