



PROVIDER NAME (PLEASE PRINT):						WEEK ENDING DATE (SUNDAY):				
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
MONDAY										
TUESDAY										
WEDNESDAY										
THURSDAY										
FRIDAY										
SATURDAY										
SUNDAY										
TOTALS										

**WORK LOG NOTICE**

To ensure payment is not delayed, work log and expense forms must be forwarded no later than **Monday by Noon CST**. Work logs must be signed by an authorized client representative. Unsigned work logs and/or dates more than 60 days old will not be processed for payment.

**CLIENT REPRESENTATIVE SIGNATURE**

**EXPENSES:**  
Use Interim Physicians expense reimbursement form

**RETURN TO:**  
Interim Physicians, LLC  
(800) 865-3564 (FAX)  
[worklogs@interimphysicians.com](mailto:worklogs@interimphysicians.com) (EMAIL)

**ATTACHMENTS ONLY**  
NO PHOTOS ARE ACCEPTED

**PROVIDER SIGNATURE**

**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