

Provider Work Log

Provider Name: (PLEASE PRINT)	Week Ending Date: (FRIDAY)
Worksite Name:	Worksite Location:

REPORT HOURS WORKED IN 0.25 HOUR INCREMENTS

	DATE WORKED (MM/DD/YR)	REGULAR HOURS WORKED	PREMIUM HOURS WORKED	LEAD PSYCH HOURS WORKED	START TIME (EX: 8 A.M.)	END TIME (EX: 5 P.M.)	TOTAL HOURS WORKED	WEEKDAY ON- CALL/BEEPER (YES/NO)	WEEKEND ON- CALL/BEEPER? (YES/NO)	CALLBACK HOURS WORKED
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

RETURN TO:

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

Provider Signature

Expenses:

Please do not include expenses paid by Interim Physicians, LLC.
No expenses reimbursed without attached receipts.

HOTEL:	RENTAL CAR:
MILEAGE:	OTHER: