

TotalWellness Onsite Time Log & Acknowledgement of Conduct Agreement



Event ID: _____ Date: _____ Coordinator/Primary: _____

By signing here, you acknowledge that you have read, understand and agree to conduct yourself according to the TotalWellness (TW) Conduct Agreement and that the times listed below are reported accurately. In addition to signing below, **you must complete an ONLINE invoice via the TW Scheduling System in order to be paid.**
Coordinators/Primaries: List all assigned contractors *including* yourself, agency staff, massage therapists, and no show/cancellations. Additional lines on back.

PRINT NAME (Legibly)	TIME IN	BREAK TIME	TIME OUT	SIGNATURE	LATE	LEFT EARLY	NO SHOW/CANCELLED

*Please be aware of time and send Agency and Secondary contractors home by the scheduled event end time. If the event has spanned 4 or more hours and you need to send contractors home early, send Agency staff home first. If the event has spanned less than 4 hours and you need to send contractors home ask for volunteers.

**Make sure agency time cards are completely filled out before signing. If possible, send copies of agency time cards to TotalWellness with the onsite time log.

Coordinator/Primary Event Report

Please complete for all events.

1. Did the event start on time? Y N If no, why? _____

2. Did the event end on time? Y N If no, why? _____

3. Was an Event Time Extension Form signed by the client contact? Y N N/A

If you or any contractors remain at the event past the scheduled event end time because the client asked you to stay or because a participant arrived after the scheduled event end time you *must* complete an Event Time Extension Form and have the client sign in order to be paid for the additional time.

4. Were all services offered during the entire event? Y N If no, why? _____

5. Please list the following quantities for this event:

Test strips: Received: _____ Used: _____ Wasted: _____ Returning: _____

Vaccine doses: Received: _____ Used: _____ Wasted: _____ Returning: _____

6. Please list (as accurately as possible) times for the following:

Last participant arrival time: _____ Amount of time spent cleaning up site: _____

Last participant finish time: _____ Time primary contractor left site: _____

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