

EVENT TIME EXTENSION FORM

This form must be returned to TotalWellness.

Contractor Instructions

Complete this form and have the client contact sign when:

- **The client asks you to stay late.**
- **A participant arrives on or after the scheduled event end time.**

Complete ALL sections below.

Client Instructions

Please sign this form if you have requested TotalWellness health professionals to stay past the scheduled event end time. Signing this form verifies that we can pay our health professionals for the additional time spent at the event. Signing this form also authorizes TotalWellness to invoice any applicable fees for additional requested time. If health professionals are requested to stay due to slow performance or to accommodate more participants that originally expected your company will not be charged. If the health professionals are requested to stay to accommodate participants that arrived after the scheduled end time your company will be charged additional service time as outlined in the service agreement.

Event Date: _____ Event ID #: _____

Client/Company Name: _____

Client/Company Contact: _____

Health Professional Name(s): _____

Reason for Time Extension: _____

Last Participant Arrival Time: _____ Last Participant Finish Time: _____

Company listed above has requested that health professionals stay an additional _____ hour(s) beyond the originally scheduled event time. The health professionals has/have agreed to stay the extra time.

Client/Company Contact Signature: _____

TotalWellness Primary Contractor Signature: _____