Time Extension Form

Return completed form to TotalWellness.

Contractor Instructions

Complete this form when:

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

If you stay longer than 30 minutes, you must receive approval.

- **Call Quest Provider Relations at 855-706-6495 for approval.**

Event Date: _____ Event ID #: _____

Client/Company Name: _____

Contractor Name(s): _____

_____

_____

Reason for Time Extension: _____

_____

_____

_____

_____

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

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

Event Extension Approved by:_____

- List name of Quest Provider Relations contact who approved extension.
- Required if extension is for more than 30 minutes.

TotalWellness Primary Contractor Signature: _____