

TotalWellness Onsite Time Log

Event ID: _____ Date: _____ Primary Contractor: _____

By signing below, you acknowledge that you understand client expectations, will act professionally, and have reported your time accurately. In addition to signing below, **you must complete an ONLINE invoice via the TW Scheduling System to be paid.**

Primary Contractors: List all assigned contractors *including* yourself, agency staff, and no show/cancellations. Additional lines on back.

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

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

Please complete the following questions

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 a Time Extension Form completed? 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 a Time Extension Form 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:

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

If doses were wasted, why? _____

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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[illegible]