

Tollfree: 1-866-505-2422 Fax: 1-888-439-2979

NOTE: PLEASE SUBMIT TIMESHEETS BY NOON EVERY MONDAY

APPENDIX L TO ANNEX A

INSTR	UCTIONS					
Origin	al Signed Record to	o be kept	by the C	Contractor. TA#:PC) #:	
				Contractor:		
				RECORD OF CALL BACK		
Cont	ract Nurse:					
	Co	mplete	ONE Re	cord of Call Back PER Week (Sunday to Saturd	ау)	
Day	Date	Time In	Time out	Reason for Call Back	Total Hours	NIC Name (Print)
						÷
				 Total Hou	rs	
Week Ending:				NIC Name:		
Signat	ture:		_			

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Note: Document for reference only when printed

CHCA-FOR-012-Rev 2 – Record of Call Backs – CHCA Regional contract