

APPENDIX L TO ANNEX A

INSTRUCTIONS

Original Signed Record to be kept by the Contractor.

TA#: _____ PO#: _____

Contractor: _____

RECORD OF CALL BACK

Contract Nurse: _____ Community: _____

Complete ONE Record of Call Back PER Week (Sunday to Saturday)

Day	Date	Time In	Time out	Reason for Call Back	Total Hours	NIC Name (Print)
					Total Hours	

Week Ending: _____

NIC Name: _____

Signature: _____