Whitaker Pathways | ADVANCED PRACTICE

VISTA | STAFFING SOLUTIONS®

Provider Work Record

Submit to: beth.howard@vistastaff.com or fax to (866) 353-3404.

Provider Name:
Client Name:

Weekly Timesheet

Weekday	Date	Start Time	End Time	Total Hours	Notes
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Total Weekly Hours:					

Provider Signature: ______________________________ **Date:** ______________

I certify that all information I have provided above is true and accurate.

Client Signatures: ______________________________ **Date:** ______________

I certify that I agree with the hours and expenses documented above and that I am authorized to approve this Provider Work Record.

Note: All work records must be approved by client. If printed, please email to beth.howard@vistastaff.com or fax to (866) 353-3404. Payments are processed weekly. Work records received by 9:00 am Monday MST will be paid by the following Friday.

Please contact Beth Howard at (801) 428-2398 with any questions. Thank you!