SAMPLE

MOBILE RESPONSE TEAM
CALL BACK ACTIVITY LOG

EMPLOYEE NAME: _____ POSITION: _____ EMPL. #: _____ PAY PERIOD ENDING: _____ PAY LOCATION: _____

OFFICE: _____ DATE SUBMITTED _____ SUPERVISOR'S NAME: _____

DATE	PATIENT NAME	LOCATION OF CALL	CALLER'S NAME	TELEPHONE #	5150 AUTHORIZED Yes/No By	TIME OF CALL	TIME CALL ENDED	SVC. TIME IN 15 MIN. INCREMENTS	ON CALL STANDBY TIME (TOTAL HRS.)	MILEAGE CLAIMED BY CALL

GENERAL INSTRUCTIONS:

Employees are to complete entries as each call is made
Log all calls including those occurring within the same
four (4) hours for which no payment would be made.

Supervisor is to review the employee's bi-monthly timecard against
this Activity Log to ensure the accurace of claimed "call-back"
on timecard before approving it.

RETENTION:

For auditing purposes, the District Chief is to retain this Activity
Log for three (3) years in office records.

I certify that the above information is true and correct to the best of my knowledge.

_____ Employee's Signature _____ Date

We have reviewed this form for accuracy:

_____ Supervisor's Signature _____ Date

_____ District Chief's Signature _____ Date