



# Health Recovery Services Inc.

## SERVICE ACTIVITY LOG - SUMMARY

Staff Name: \_\_\_\_\_

Staff ID#: \_\_\_\_\_

Address (If New) \_\_\_\_\_

Pay Period: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Job Site Location(s) – Indicate by **RU#**: \_\_\_\_\_  
(primary) (secondary) (other) (other) (other) (other)

### Hours Worked

Regular Hours \_\_\_\_\_

Overtime Hours \_\_\_\_\_

Holiday Worked \_\_\_\_\_

Plus On Call \_\_\_\_\_

### *Hours Used*

Short Term Leave Used \_\_\_\_\_ Vacation Taken \_\_\_\_\_

Holiday \_\_\_\_\_ Birthday \_\_\_\_\_

Catastrophic Leave \_\_\_\_\_ Bereavement \_\_\_\_\_

Maternity/Paternity \_\_\_\_\_ Leave w/out Pay \_\_\_\_\_

Disability \_\_\_\_\_

Actual Hours Worked

Total: \_\_\_\_\_

**Please attach any requests for leave from this pay period to this summary**

Employees Signature (optional) \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_