

# D & Y

## Overtime Addendum

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

Weekending: \_\_\_\_\_

Specialty: \_\_\_\_\_

Facility: \_\_\_\_\_

### OVERTIME ADDENDUM

PLEASE COMPLETE AND RETURN WITH SIGNED TIMESHEET

DATE	IN	OUT

\_\_\_\_\_  
Locum Tenens Physician

\_\_\_\_\_  
Client Representative Approval

FOR OFFICE USE ONLY

\_\_\_\_\_  
TC

\_\_\_\_\_  
SC

\_\_\_\_\_  
TL