On-Call Phone Log
Chariton Valley Association, Inc.

On-Call Personnel: _____ **(LSP or LPN)** **Pay Period Dates:**_____
(Name)

Date	Start Time	End Time	Minutes	Person Calling/Called	Reason For Call	Program

Total Hrs:_____ (note all time is counted in 1/4 hour increments)

Supervisor Signature/Certification **Date** **Page** _____ **of** _____

CVA ISL-14-005