



Driver Statement of On-Duty Hours

FMCSR Part 395.8

INSTRUCTIONS:

1. Complete for previous 7 days. Do not include today.
2. Remember to complete time and date released from work.
3. Make a copy for the file and original to customer.
4. Witness can be a Staffmark employee or customer employee.

DRIVER TIME - 7 DAY WORK STATEMENT

DAY	1	2	3	4	5	6	7	TOTAL
DATE								
HOURS WORKED								

I hereby certify that the information given above is true and correct to the best of my knowledge and belief, and that I was last released from work at:

Time: AM/PM (circle one), **On the Month of:** **Day:** **Year:**

Driver's Name: _____
(Please print your complete name as it appears on your driver's license)

Driver's Signature _____ **Date:** _____

Location _____
List the CITY and STATE

Witness Name and Title: _____
PLEASE PRINT YOUR NAME & TITLE

Witness to Driver's Signature: _____ **Date:** _____