

# Statement of ON-DUTY Hours (7 Day Recap)

New Hires, Re-Hires, Day Players

**ON-DUTY Hours = 1) The total of the hours on lines #3 and #4 of log sheet. 2) If you are not required to log, then TOTAL hours worked (clock in time to clock out time). 3) If you were NOT working, enter "0" in the ON-DUTY Hours columns.**

*Minutes = (1/4 = .25) (1/2 = .50) (3/4 = .75)*

	Date		ON-DUTY Hours	
	Month	Day	Hours	Minutes
Previous 7 Days				
Yesterday				
2 Days Ago				
3 Days Ago				
4 Days Ago				
5 Days Ago				
6 Days Ago				
7 Days Ago				
<b>Total ON-DUTY Hours For The Last 7 Days</b>				

**Last Shift within 24 Hrs.**

<i>In</i>	<i>Out</i>

**Please Use Military Time**

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*Studio/Production Co. - OR - Outside Employer*

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*Show Name (if applicable)*

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*Coordinator / Captain - OR - Supervisor*

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*Driver License Number*

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<i>State</i>	<i>Class</i>
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<i>Endorsements</i>	<i>Restrictions</i>
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**Available Hours = 70 - Total ON-DUTY Hours For The Last 7 Days**

**Available Hours**

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**Coordinator or Captain Acknowledgement of Available Hours**

FMCSR's 395.8 (j) Drivers used by more than one motor carrier:

(1) When the services of a driver are used by more than one motor carrier during any 24-hour period in effect at the driver's home terminal, the driver shall submit a copy of the record of duty status to each motor carrier. The record shall include: (i) All duty time for the entire 24-hour period; (ii) The name of each motor carrier served by the driver during that period; and (iii) The beginning and finishing time, including a.m. or p.m., worked for each carrier.

(2) Motor carriers, when using a driver for the first time or intermittently, shall obtain from the driver a signed statement giving the total time on duty during the immediately preceding 7 days and the time at which the driver was last relieved from duty prior to beginning work for the motor carriers.

**Any work performed for a motor carrier, whether compensated or non-compensated, as well as compensated work for a person who is not a motor carrier, must also be included on this form as on-duty time (395.2 (8)(9)).**

I certify that this statement was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

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*ID # - Last 5 Digits of Social Security*

## SONY PICTURES STUDIOS