

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:									
LocationList the CITY and STATE									
Witness Name and Title:									
Witness to Driver's Signature: Date:							e:		