

Statement of On-Duty Hours (New Hire)

DQF
700

§ 395.8 (j) (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.

Driver's Information

Driver Name _____ Employee # _____

Address _____

List the day, date and hours worked in the previous 7 days below. If the driver is off-duty any of the days, note that day as "Off-Duty"

	Date	Day of Week	Hours On-Duty
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____

Total hours On-Duty the past 7 days _____

Note the last date and time the driver was On-Duty _____

By signing below, I have stated accurate and true information of my 7 proceeding days of compensated work.

Driver's
Signature _____ Date _____