LOG PRO LLC

DRIVER UPDATES

********PLEASE SEND WITH LOGS EACH MONTH********

Company Name:	Date:

DRIVER NAME	DRIVER ID CODE	TERMINAL	*ACTIVE DATE	**INACTIVE DATE	***STATUS CHANGE	STATUS CHANGE DATE

☐ ***NO NEW DRIVER UPDATES APPLY AT THIS TIME.***

*** Active Date (New Drivers) = First day driver required to log.**
**** Inactive Date (Terminated Drivers) = Last day driver required to log.**
***** Status Change:**

Part-time to Full-time (PT TO FT)
Full-time to Part-time (FT to PT)
Leave of Absence-Medical,Work Comp. Etc. (LOA)
Return from Leave of Absence (Return LOA)
Re-hire (Re-Hire)

Please complete above data & send with each shipment of logs to:

LOG PRO LLC
304 E Jackson Suite 110
Willard MO 65781