



Diversified Dental Staffing INC

Time Sheet

Authorized Signature: _____

Please calculate your time in hours and minutes , rounding to the nearest quarter hour (ex: 7:50 would be 8:00). If you need to print more time sheets please visit our website.	Your Name: _____ Address (if changed): _____
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Day	Date	Office	A.M. Start	A.M. Finish	Lunch	P.M. Start	P.M. Finish	Total Hours
Fri.								
Sat.								
Mon.								
Tues.								
Wed.								
Thurs.								

******* IMPORTANT: DO NOT PAY TEMPORARY - PAYROLL DONE BY DIVERSIFIED DENTAL STAFFING, INC. *******

Doctor or Office Manager: Please sign above to certify that the above named temporary has worked the hours listed. We agree that the hourly rate or daily fee will be paid to Diversified Dental Staffing, Inc., and acknowledge there is an eight (8) hour minimum for dentists and a four (4) hour minimum on all other temporary assignments. We further agree that scheduling of this temporary will always be done through Diversified Dental Staffing, Inc. and never directly with the temporary. In the event the temporary is hired within twelve (12) months a placement fee will be paid to Diversified Dental Staffing, Inc. The signature of each office representative constitutes acceptance in full of all information on this form.

Temporary: I certify that I have worked the hours stated and they have been properly verified. To accept assignment in these offices again, I understand that prior arrangements must be made through Diversified Dental Staffing, Inc. and not directly by me.

Temporary Signature: _____ Fax to (704) 787-8587

Completed, signed time sheets must be in our office by 6:00 p.m. Thursday.