



Authorized Signature: _____

Please calculate your time in hours and minutes, rounding to the nearest quarter hour (ex: 7:50 would be 8:00). Email questions@ddsinc.org to request for more timesheet.

Your Name: _____

Address: _____

Day	Date	Office	A.M. Start	A.M. Finish	Lunch	P.M. Start	P.M. Finish	Total Hours
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								

*******IMPORTANT: DO NOT PAY TEMPORARY – PAYROLL DONE BY DIVERSIFIED DENTAL STAFFING*******

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 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 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. The Signature of each office representative constitutes acceptance in full of all information in this form.

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

Temporary Signature: _____ Email to: questions@ddsinc.org or Fax to: (704)787-8587