

# DenTemps

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## Time Card

Employee \_\_\_\_\_ Office Name \_\_\_\_\_  
[Street Address] \_\_\_\_\_ Employee SSN \_\_\_\_\_  
[Address 2] \_\_\_\_\_ Employee rate \_\_\_\_\_  
[City, ST ZIP Code] \_\_\_\_\_  
Week ending: \_\_\_\_\_

Day	Date	Morning Hours	Afternoon Hours	Total Hours	Total Rate
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Total hours					
Total rate					\$

### HALF DAY MINIMUM ON ALL ASSIGNMENTS

*We understand that the services provided by DenTemps are made possible as a result of significant expenses sustained for advertising and screening of personnel. In consideration of this service to us, in the event the above named employee is hired by our office within twelve (12) months following the most recent date of their service, we agree to pay DenTemps a placement fee. We also agree that if the employee is contacted to work additional days they will be contacted through DenTemps and not directly or through another service.*

Employee signature \_\_\_\_\_ Date \_\_\_\_\_

Manager signature \_\_\_\_\_ Date \_\_\_\_\_