

Time Card

DenTemps

dentemps@sbcglobal.net

office / fax 940-365-9396

Employee _____ Office Name _____

Street Address _____

City State Zip _____

Employee SSN _____ Hourly Rate _____

Day	Date	Morning Hours	Afternoon Hours
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Monday			
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Tuesday			
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Wednesday			
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Thursday			
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Friday			
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Saturday			
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Total Hours _____

Total compensation _____

Half day minimum on all assignments

We understand that the services provided by DenTemp are made possible as a result of significant expences 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.

Temp Employee signature _____	Date _____
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Office Manager Signature _____	Date _____
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Employee instructions end of assignment: Fill out time card. Have Dr or manager Sign. Give copy to Office, DenTemps, and save copy for your records.