

Dependable Dental Staffing Time Sheet

To be paid by the Agency

Phone 480-219-5198 EFax 480-539-1667

Dentist/Practice Name _____

Temps Name _____ Position _____

Temps Address _____

City _____ State _____ Zip _____

Total hours to the nearest 1/4

Minimum Assignment 4 hours

Day	Date	Time In	Lunch Out	Lunch In	Finish	Total Hours
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						

Temp/Applicant/Employee: I certify that I worked the hours shown on this card on the days indicated and that this card has been signed by an authorized representative of the dental office. Further acceptance of employment from this office, either permanent or temporary, must be arranged directly by Dependable Dental Staffing. If paid directly from the office I am responsible for all tax obligations. I certify that I was not injured on this assignment during this time period, and I understand that my falsification of this sheet constitutes fraud.

SIGNATURE OF TEMP/APPLICANT

PRINTED NAME OF TEMP/APPLICANT

DATE

Dependable Dental Staffing, LLC TERMS AND CONDITIONS:

1. Except as set forth in separate written agreement signed by both parties, these Terms and Conditions shall govern the rendition of services by Dependable Dental Staffing, LLC, hereinafter referred to as "DDS".
2. It is the applicant's responsibility to contact DDS with availability or you are assumed to have resigned.
3. Dentist shall direct and control temporary staff ("temp/applicant") in the performance of their duties; however, DDS shall retain administrative control of, such as hiring, disciplining, counseling and terminating them.
4. Dentist will permit Temps to perform only the job duties approved by DDS. Dentist/owner is responsible for assuring that its worksite and operations comply with federal, state and local regulations and for providing site-specific safety training and equipment to temps if applicable. Customer will not entrust Temps with unattended premises, cash, negotiable instruments, charge numbers, access codes, credit cards, check writing materials, confidential information, keys or other valuables, or let them operate motor vehicles or machinery. Temps are authorized to sign only their own timesheets.
5. Dentist will indemnify, defend, and hold harmless DDS from all suits, claims, causes of actions and costs (including attorney's fees) arising from Dentist's intentional misconduct or negligence or the intentional misconduct or negligence of its officers, employees, representatives and agents. DDS will indemnify, defend and hold harmless Customer for all suits, claims, causes of action and costs (including attorney's fees) arising from the intentional misconduct or negligence of DDS and its employees, including Associates.
6. DDS makes no warranties of merchantability or fitness and neither party shall be liable for incidental, consequential or punitive damages.
7. This agreement shall become effective upon signature by Dentist/Manager or a representative of the office.
8. DDS is an Equal Opportunity Employer.

Printed Name of Office

Printed Name of Manager/Auth. Rep

Signature of Manager/Auth. Rep

Please EFAX 480-539-1667 or EMAIL Dependabledentalstaffing@gmail.com Completed Copy