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## TIMESHEET

Dentist / Practice Name: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

Temp's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Temp's Position: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_

Temp's Street Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

	DATE	TIME-IN	LUNCH-START	LUNCH-END	TIME-OUT	TOTAL HRS (MIN. 4 HRS)
MON						
TUES						
WED						
THUR						
FRI						
SAT						
SUN						

CLIENT TYPE:  Referral Service (Temp paid by Practice)  Full-Service (Temp paid by DDS Agency) TOTAL HOURS: \_\_\_\_\_

Staff is to be paid the agreed hourly rate based on the hours worked, not including lunch breaks or other un/authorized time away from the assignment. Hours are rounded to the nearest quarter hour with no more than a 2-hour lunch break. Timecards must be filled out appropriately and have both the signature of the staff member and that of the client's authorized personnel in order to ensure prompt payment. It is recommended that both parties keep a copy for their records. All client requests for staff must be made through Dependable Dental Staffing. Terms and conditions of this arrangement are outlined in the Client Agreement Form.

**Referral Option.** Temp staff /contract labor must be paid at the end of day's assignment by the Client / Dental Practice. A copy of this completed timesheet should be given to the temp. Temps are responsible for their own taxes.

**Full-Service Option.** Timesheets must be faxed or emailed to Dependable Dental Staffing at the completion of the scheduled assignment. Dependable Dental Staffing will pay Temp weekly and will be responsible for withholding associated payroll taxes.

The following signatures confirm that the Temp worked the hours recorded and that no injuries were suffered.

\_\_\_\_\_  
Authorized Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Temp Worker Signature

\_\_\_\_\_  
Date