



Employee Time Sheet Form

- ❖ Email or fax copy of the filled out form to American Dental Staffing. Leave a copy of the signed form with the client. You are responsible for sending the form to American Dental Staffing so that the payroll can be processed in a timely fashion. Do not include your lunch break.
- ❖ **TIME SHEET INSTRUCTIONS** – One per doctor/practice, every week. **DEADLINE** - Fax before you leave the office for the week.

Employee Name: _____ ; **Position/Role:** _____

Practice Name: _____

Practice phone #:(_____) _____ ; **Fax #:** (_____) _____ ; **Email:** _____

Day		Date	Hours worked
<i>Ex: 9:00 – 12:00, 12:30 – 5:00</i>		<i>Ex: January 1, 2018 or 1/1/18</i>	<i>Ex: 7 hours 30 minutes or 7:30</i>
Monday	Lunch		
Tuesday	Lunch		
Wednesday	Lunch		
Thursday	Lunch		
Friday	Lunch		
Saturday	Lunch		
Sunday			
Total		Total Days:	Total Hours:

I certify that the hours shown were worked by me during the week indicated. I hereby assign all of my right of these wages to be paid to American Dental Staffing LLC. I certify no accident or injury was sustained while working on the assignment unless written notice attached.

Employee Signature: _____ ; **Date:** ____/____/____

- ❖ **Client approval indicates acceptance of all terms and conditions. Do not sign if hours are not totaled. Cross out all days not worked.**

TERMS & CONDITIONS

It is understood that insurance coverage of American Dental Staffing does not cover liability for injury or property damage to client's equipment, machinery, material, or automobiles in the care, custody, or control of American Dental Staffing, its agents or employees unless a prior writing agreement is procured from American Dental Staffing. Client agrees not to entrust American Dental Staffing employees with care, custody, or control of cash, or other valuable property. Full responsibility is accepted by client as a result of failure to comply with this request. **There is a minimum charge per employee of four hours for all temporary assignment orders.**

As American Dental Staffing client, I realize that American Dental has expenses in maintaining a temporary staff and that if we transfer one of their employees to our payroll within twelve (12) months from date of last assignment, a settlement is in order. If I breach this agreement and/or fail to pay American Dental Staffing in a timely manner I will be fully responsible for court costs and all attorney fees as well as all outstanding invoices. Details of the choices between a cash settlement and a term arrangement are available from the American Dental office. We agree not to advance any monies to American Dental employees without prior written consent. We also agree that Dent Temp will not be responsible for claims made under fidelity bonds unless we report such claims in writing to American Dental within ten (10) day of discovery and cooperate fully in the investigation and subsequent prosecution. No oral statement to any shall modify or otherwise affect the foregoing terms and conditions.

Policy regarding scheduling: If Client's schedule changes and wants to send our employee home but wants to return at a later time on the same day, it would be our employee's discretion whether or not they want to do that. American Dental neither requires nor expects the employee to make multiple trips to a client's office on the same day or break up the day with a respite longer than the standard one hour lunch break

Client/Authorizing signature: _____ ; **Date:** ____/____/____

Disclaimer: This information is confidential and proprietary intended solely for the use of the individual or entity to whom they are addressed to and may not be reproduced in whole or part unless authorized in writing by an authorized representative of American Dental Staffing LLC.

American Dental Staffing LLC, P O Box 38214, Germantown, TN 38183; Ph: 901.853.1797 Fax: 901.432.5232

support@AmericanDentalStaffing.com; www.AmericanDentalStaffing.com