|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Day | Date | Time in | Time out | Break | Total hours |
| Monday |  |  |  |  |  |
| Tuesday |  |  |  |  |  |
| Wednesday |  |  |  |  |  |
| Thursday |  |  |  |  |  |
| Friday |  |  |  |  |  |
| Saturday |  |  |  |  |  |
| Sunday |  |  |  |  |  |

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Dental Office\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security # \_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
|  |

 **Week Ending**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Total Number Hours**

 **Notice of Agreement**

Signature placed on this time sheet gives Dental Professional Staffing reason to believe that the Dental Office/ Dentist agrees with the total hrs. stated above are true. It is required that DPS office is notified prior to the recalling of any additional temporary or permanent placement. If a Dental Professional Staffing temporary employee is directly solicited for temporary or for permanent placement by an office signing this voucher or anyone through his or her directive, that person agrees to pay Dental Professional Staffing its regular charges for all services provided by the Dental Professional Staffing Personnel. The Dentist agree not to indemnify, shield, hold harmless Dental Professional Staffing from any and all penalties, claims, injuries, and attorney fees, which may arise from the performance and action of any personnel referred by Dental Professional Staffing.

 ***Personnel Signature***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ***Office Manager/Dentist Signature*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Please retain copy of Notice of Agreement for future reference.**