



Dentaltemps of the Rockies

Time Sheet

Your Name: _____

Your Address: _____

Position: _____ Email Address: _____

Being paid by (check one): _____ ☐ Office _____ ☐ Agency

Office Name: _____

Hourly Rate: \$ _____ (DA) \$ _____ (EDDA) \$ _____ (RDH) \$ _____ (FD) \$ _____ (DDS)

EMAIL TIME SHEETS TO: DENTALTEMPSOFTHEROCKIESNORTH@GMAIL.COM

Signature of Dental Temp: _____

By signing the above, I understand that I am responsible for my actions while on the job. I certify that the hours worked are accurate and that they were properly certified by the dentist, owner or office manager. Any acceptance of employment with this office, whether it be permanent or temporary, must be arranged directly by Dentaltemps of the Rockies (DOTR). **If not paid the same day- payment may take up to 3 weeks to be received.** I understand that I am responsible for following up on my pay. **The office is NOT required to pay the same day.**

Date	Time In	Time Out	Time In	Time Out	Total (Decimal Hours)

Client Signature: _____ Title: _____

Client's Name/Office Name: _____

DOTR shall not be held liable for any malpractice, unemployment, workers comp or tax liabilities IF the Dental Temp if being paid by your office and is not one of our employees. The client understands that the payment must be made to the temp within 15 business days. The client agrees to pay all collection costs, including attorney fees, if the clients account is in default and turned over for collection, whether the matter is resolved in or out of court, with or without litigation. If the client is wishing to hire a Dental Temp of DOTR, the client will be responsible for the permanent placement fee. If DOTR is the first agency to send a specific candidate to the client, the client shall accept said candidate through DOTR only. This agreement shall remain in effect for one year after the last day that the Dental Temp has worked in your office. The client understands that they (the dental office) will be responsible for all tax liabilities and workers comp insurance on the Dental Temp that was paid directly by the client.