



Associate Time Sheet

It is the associate's responsibility to turn in a complete timesheet by 9:00 a.m. Monday following the work for which time is being submitted. Late and incomplete time sheets will not be processed. Corrections or missing information will be requested and pay will be issued the following week.

Associate name: _____ Dental Office (Customer): _____

Associate mailing address: _____

Associate Social Security #: _____ Associate Phone #: _____

Total hours to nearest 1/4 hour

Minimum Assignment 4 hours

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

COMMENTS: _____

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. I will contact Denta-Temp Staffing, Inc. (DTS) after completing this assignment, and I understand that if I do not do so, DTS will assume that I am unavailable for work and voluntarily quit. I acknowledge that legal notices pertaining to my employment are posted at the office of DTS. I certify that I was not injured on this assignment during this time period, except as noted in the comments section and I understand that my falsification of this sheet constitutes fraud.

SIGNATURE OF EMPLOYEE

PRINTED NAME OF EMPLOYEE

Denta-Temp Staffing, Inc. 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 Denta-Temp Staffing, Inc., hereinafter referred to as "DTS". DTS shall be at all times an independent contractor and not an agent or representative of customer.
2. DTS is an Equal Opportunity Employer.
3. Customer shall direct and control temporary employees ("Associates") in the performance of their duties; however, DTS shall retain administrative control of Associates, such as hiring, disciplining, counseling and terminating them.
4. DTS will bill customer weekly (or when assignments end) at agreed upon rates applied to the hours recorded by an Associate on this timesheet. Associates are eligible for overtime pay which shall be calculated using the same multiplier as is applied to regular hours. Payment is due upon receipt of invoice. Interest will accrue on balances not paid within 30 days of invoice date at a rate of 1.5% per month. If DTS is compelled to seek assistance to collect past due amounts, Customer will also pay DTS attorney's fees, collection agency fees and other costs of collection.
5. Customer will permit Associates to perform only the job duties approved by DTS. Customer is responsible for assuring that its worksite and operations comply with federal, state and local always and for providing site-specific safety training and equipment to Associates. Customer will not entrust Associates 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. Associates are authorized to sign only their own timesheets.
6. Customer will indemnify, defend, and hold harmless DTS from all suits, claims, causes of actions and costs (including attorney's fees) arising from Customer's intentional misconduct or negligence or the intentional misconduct or negligence of its officers, employees, representatives and agents and from Customer's breach of Paragraph 5. DTS 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 DTS and its employees, including Associates.
7. DTS makes no warranties of merchantability or fitness and neither party shall be liable for incidental, consequential or punitive damages.
8. This agreement shall be governed by and interpreted in accordance with the laws of the State of Arizona and any disputes or questions arising directly or indirectly hereunder shall be resolved in accordance with Arizona law without regard to principles of conflict of law.
9. This agreement shall become effective upon signature by Customer or, if not signed by Customer, the performance of any services by an Associate.

Customer: Please sign this time sheet only if the hours for any day or week are correct and there are not any empty spaces in the days worked or hours worked boxes (Customer must cross out any blank spaces). By signing below, Customer: (i) certifies that the Associate's hours as shown on this time sheet are correct and that he/she performed the work satisfactorily and (ii) agrees to the above Terms and Conditions.

Printed Name of Customer

Printed Name of Person Signing

Signature

Please FAX Completed Time Sheets to: 623-434-1597

Job Code # _____