

TIMESLIPS:

Below you will find the correct way to complete a time-slip. If you do not have a time-slip please use the dental office letterhead. Be sure to provide all the information which is on the time-slip. If you fax a time-slip, call to be sure we have received it and it is legible.

- Please write all information and names clearly.
- Include all dates worked.
- Write week ending date, which is always on a Saturday.
- Document any lunch or dinner break.
- Add up hours correctly.
- Slips must have a doctor's signature.

Thank you,
Dental – Search Inc.

NAME Mary Ann Smith
SOCIAL SECURITY NO. 123 - 45 - 6789
CHECK TO BE MAILED YES NO

NAME OF DENTAL OFFICE Dr. Jones
ADDRESS: 234 Main Street
Any Town, NJ 07000

DATE	TIME-IN	TIME-OUT	LESS BREAK	TOTAL HRS.
MON.				
TUES. 6/3	8:00	5:00	1	8
WED.				
THURS. 6/5	9:00	6:00	1/2	8 1/2
FRI.				
SAT.				
SUN.				
WEEK ENDING _____		TOTAL HOURS _____		

NOTICE OF AGREEMENT

By signing this timeslip, Employer agrees that the number of hours set forth is true and correct. The employment of any individuals referred to you by Dental-Search shall be conclusive evidence of your continuing acceptance of the fees, terms and conditions set forth in a certain placement agreement between Dental-Search and you, as employer. Without limiting the terms of said agreement, Dental-Search makes no representations or warranties, express or implied, except as set forth in that agreement, with respect to the performance or non-performance of the individual. Your office agrees to indemnify and hold harmless Dental-Search from any and all liabilities (as set forth in the agreement) which may arise out of the performance of the individual placed.

*PLEASE RETAIN NOTICE OF AGREEMENT COPY FOR FUTURE REFERENCE
WHITE/DENTAL OFFICE COPY YELLOW/AGENCY COPY PINK/TEMPORARY COPY

DENTIST'S SIGNATURE: Dr. Jones