

NAME _____

NAME OF DENTAL OFFICE _____

ADDRESS: _____

CHECK TO BE MAILED YES NO

DATE	TIME-IN	TIME-OUT	LESS BREAK	TOTAL HRS.
MON.				
TUES.				
WED.				
THURS.				
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: _____

NAME _____

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ADDRESS: _____

CHECK TO BE MAILED YES NO

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