NAME	-			NAME (OF DENTAL OFFICE		
CHECK TO BE MA	AILED _Y	ES □NO		ADDRE	SS:		
DATE	TIME-IN	TIME-OUT	LESS BREAK	TOTAL HRS.	NOTICE OF AGREEMENT		
MON.					By signing this timeslip, Employer agrees that the number of hours se		
TUES.					 forth is true and correct. The employment of any individuals referred to you by Dental-Search shall be conclusive evidence of your continu- 		
WED.					ing 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.		
THURS.							
FRI.							
SAT.							
SUN.							
WEEK ENDING		TO	TAL HOURS				
*PLEASE RETAIN N WHITE/DENTAL OFFICE NAME CHECK TO BE MA	COPY YE	ELLOW/AGENCY CC	PPY PINK/TEM	PORARY COPY	DENTIST'S SIGNATURE: F DENTAL OFFICE SS:		
DATE	TIME-IN	TIME-OUT	LESS BREAK	TOTAL HRS.	NOTICE OF AGREEMENT		
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THURS.							
FRI.							
SAT.							
SUN.							
WEEK ENDING		тот	AL HOURS		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 NAME OF DENTAL OFFICE ADDRESS: CHECK TO BE MAILED							
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DATE	TIME-IN	TIME-OUT	LESS BREAK	TOTAL HRS.	NOTICE OF AGREEMENT		
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WEEK ENDING TOTAL HOURS individual placed.							

*PI FASE RETAIN NOTICE OF ACREEMENT CORV FOR CUTURE DEFERENCE