

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 \_\_\_\_\_

NAME OF DENTAL OFFICE \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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TUES.				
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THURS.				
FRI.				
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