

Dental & Medical Staffing, Inc. Weekly Timecard

Ph: 503-618-8367

Fax: 503-492-2545

Email: timecards@dentalmedicalstaffinginc.com

Employee Name: _____

Address: _____

City, State, Zip _____

Name of Client/Office: _____

Client:

1. DMSI will provide payroll for all temporary employees sent to your office.
2. It is agreed that you will notify DMSI when scheduling or hiring any of our employees for your office.
3. DMSI has a 4 hour daily minimum and 24 hours notice must be given for a cancellation in order not to be charged.
4. Client will furnish a suitable workplace which shall comply with all laws, rules and regulations, including the Occupational Safety and Health Act and Client shall hold DMSI harmless from any violations thereof.
5. It is agreed that if you hire any DMSI employee sent to your office within 12 months of the last day recorded on this timecard you will be billed the applicable hiring fee.

Temps:

1. All timecards must be signed by the Doctor, Office Manager or an authorized staff member.
2. Each office requires its own timecard. Please make sure timecards are filled out completely before sending in.
3. It is the responsibility of each temporary employee to make sure DMSI receives a copy of your timecard.
4. Timecards can be sent by email: timecards@dentalmedicalstaffinginc.com or by fax: 503-492-2545
5. Blank timecards can be printed from our website: www.dentalmedicalstaffinginc.com
6. Please remember to leave a copy of your completed timecard with the office.

	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Date							
Start Time							
Stop Time							
Lunch							
Daily Total							
						Total Hours	

I certify that the above DMSI employee worked the hours listed on this timesheet.

Client Signature: _____

Title: _____

Date: _____