Example

Dental & Medical
Staffing, Inc.
Specializing In Temporary & Permanent Placement
410 NE 181st Ave. Portland, OR 97230
OR (503) 618-8367 • WA (425) 317-8367
1-800-683-0855 • Fax: (503) 492-2545
info@dentalmedicalstaffinginc.com • www.dentalmedicalstaffinginc.com

Employee Name: Jane Doe
PRINT NAME
Address: 1234 SE 181st
City, State, Zip: Portland, OR 97230
Social Security Number: XXX-XX-1234

Client/Employer: Willamette Dental Gresham

Notice to employee: Please fill in this time slip completely. Have office sign and leave appropriate copy with the office. The DMSI copy must be sent to our office weekly. Payroll will only be issued when DMSI copy is signed.

	MON	TUES	WED	THUR	FRI	SAT	SUN
DATE	10/10						
START	7						
STOP	6						
LESS LUNCH	1						
TOTAL	10						

TOTAL HOURS: 10

CLIENT VERIFICATION

I certify the above DMSI employee worked the hours listed on this Time Sheet. I agree to the terms and conditions as set forth on the reverse side.

CLIENTS SIGNATURE

TITLE

DATE

← Timecards must be signed by the office