



Fax to **518-537-5943** or email to **placements@selectdentalstaffing.com**

All Time Slips must be received by **Saturday Midnight** to be paid on the following week's payroll

	DATE	START TIME	START LUNCH	END LUNCH	END TIME	TOTAL	
						Hours	Minutes
SAT							
SUN							
MON							
TUES							
WED							
THUR							
FRI							
Total Hours worked rounded to the nearest 15 minutes							

AUXILIARY

I certify that the times worked as shown are true and accurate and were worked by me during the days indicated and were properly certified by the dentist or dentist's representative. **I further certify that, in the next 12 months, I will not seek or accept employment directly or indirectly from this dentist or his or her staff without prior notification to Select Dental Staffing.**

Signature: _____

Name: _____

Date: _____

- Position
- Office Support Assistant
- Hygienist Dentist

DENTAL OFFICE

I have read the terms and conditions below and I agree to be bound by them. It is hereby agreed that the hours stated are correct and that the work was performed satisfactorily. **I further certify that, in the next 12 months, I will not seek to employ directly or indirectly, temporarily or permanently this Select Dental Staffing Professional without prior notification to Select Dental Staffing.**

Signature: _____

Printed: _____

Date: _____

Office _____

Address _____

City _____ Zip _____

- Charges for the services provided under this agreement will be at the daily rate specified in the fee schedule effective on the date the services were performed.
- This hour verification reflects the actual hours worked by the dental professional. However, it is agreed that payment shall be made to the Select Dental Staffing Professional for a minimum of four consecutive hours per day even if fewer hours are actually worked.
- All requests for Select Dental Staffing Professionals shall be made through Select Dental Staffing. If a Select Dental Staffing Professional is directly solicited for temporary work by the dental office signing this hour verification, or anyone through his/her referral or directive, that dentist agrees to pay Select Dental Staffing its regular charges for all services provided by the Select Dental Staffing Professional within twelve months of the date this hour verification is signed.
- It is agreed that the dentist signing this hour verification will pay Select Dental Staffing the current agency fee if that dentist, or anyone through his/her referral or directive, hires this Select Dental Staffing Professional within twelve months of the date this hour verification is signed for permanent placement.
- A monthly service charge of 1½ % (18% per year) will be charged on all outstanding accounts after (30) thirty days.
- A minimum charge of \$20.00 will be added to any dishonored checks.
- The dentist/dental office agrees to pay all costs necessary for collection of all fees associated with this voucher, including reasonable attorney's fees.