Please remember to make the appropriate copies Original should be left at the office, 1 copy for employee, 1 copy for DMSI if mailing Fax to: 503-492-2545

Email to: timecards@dentalmedicalstaffinginc.com It is not necessary to mail a copy if you have sent one by fax or email



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

 $in fo@dental medical staffing in c. com \\ \bullet www.dental medical staffing in c. com$

Address:	Name:PRINT NAME						
City, Stat	te, Zip:						
Social Security Number							
Name	e of Client/Office:						

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								
START								
STOP								
LESS LUNCH								
TOTAL								
	•		1			TOTAL HOURS		

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

- 1. Dental Medical Staffing, Inc. will provide payroll for all temporary employees sent to your office.
- 2. Dental Medical Staffing has a 4 hour minimum daily rate and 24 hours notice must be given for a cancellation in order not to be charged.
- 3. 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.
- 4. It is agreed that if you hire any of our employees while they are assisting you within 12 months of the last day recorded on this time sheet, you will be expected to pay the appropriate hiring fee.
- 5. It is agreed that if Client chooses to hire a temporary, in any capacity, DMSI will be notified and paid the appropriate hiring fee.
- 6. It is agreed that you must notify DMSI when scheduling or hiring any of our employees in your office.
- 7. It is agreed that charges for services are payable upon receipt of our billing invoice. A finance charge of 1.5% or \$10.00 minimum will charged to any account which is past due more than 30 days.
- 8. It is agreed that DMSI is entitled to reasonable attorney fees together with all expenses of collection if it becomes necessary to enforce payment of these damages.