

# TEMPORARY FILL-INS north

DENTAL STAFFING AT ITS BEST

## TIMESHEET

Please fax to 303-280-4746 or email [tfistaffing@gmail.com](mailto:tfistaffing@gmail.com)  
Or Text 303-748-6502

DOCTOR'S NAME \_\_\_\_\_

PAID     NOT PAID     TAXES WITHELD

TEMP NAME \_\_\_\_\_

TEMP FULL ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ hours x \_\_\_\_/hour = \_\_\_\_ total due \_\_\_\_ check no. \_\_\_\_

Day	DATE	TIME IN	LUNCH OUT	LUNCN IN	TIME OUT	DAILY TOTAL
SAT						
SUN						
MON						
TUES						
WED						
THUR						
FRI						
SAT						
<b>TOTAL HOURS LESS LUNCH</b>						

Auxiliary (Temporary): I certify that the time worked, as shown, is true and accurate, and was worked by me during the days in the indicated week, and was properly certified by the dentist or the dentist's representative. Further acceptance of employment from this office, either permanent or temporary, must be directly arranged by Temporary Fill-Ins North. I am responsible for all tax obligations as well as my actions while on the job.

Signature of Auxiliary: \_\_\_\_\_ Date \_\_\_\_\_

I have read the terms and conditions above and am bound by them. It is hereby agreed that the hours stated above are correct and that the work was performed satisfactorily.

1. Charges for the services provided under this agreement will be billed at the rate specified in the rate schedule effective on the date this voucher is signed.
2. Payment shall be made to the temporary of Temporary Fill-Ins North, hereafter referred to as TFI-N, at the end of each day or within 7 days if being mailed. TFI-N will be paid within 30 days of billing.
3. All requests for TFI-N temporaries shall be made through TFI-N. Offices are not allowed to contact TFI-N temporaries. If a TFI-N temporary is hired for temporary of permanent work by the dental office signing this voucher, or anyone through his/her directive, that dentist agrees to pay TFI-N its current effective daily or permanent placement fees. Temporaries are under contract with TFI-N for one year from date services were rendered to doctor's office.
4. The client agrees to pay all costs of collection, including reasonable attorney's fees, if after default the client's account is turned over for collection, whether or not the matter is resolved in or out of court, with or without litigation.
5. Any office wishing to hire a TFI-N temporary and placing him/her in any position in the office will be responsible to pay TFI-N current placement fee.

Client's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Temporary Fill-Ins North, LLC • PO Box 711 Eastlake, CO 80614 • 303-255-3605**