

## PAYROLL TIMESHEET

Please fax to 303-280-4746, email [tfistaffing@gmail.com](mailto:tfistaffing@gmail.com)

Or Text 303-748-6502

DOCTOR'S NAME (CLIENT) \_\_\_\_\_

PRACTICE NAME \_\_\_\_\_

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

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

\_\_\_\_\_  
\_\_\_\_\_

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 South. I further certify that I suffered no injuries during this work period. I agree to abide by all Temporary Fill-Ins policies. \*\* I understand that failure to fax a completed/signed timesheet in a timely manner may result in a delay in receiving my compensation.

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.

### CONDITIONS OF SERVICE:

CLIENT agrees to the following conditions of service:

1. Client will be responsible for current hourly rates. Unsatisfactory employees must be reported immediately. Any employee injuries/Workers' Compensation issues must be reported to Temporary Fill-Ins North/South 2, hereafter referred to as (TFI-N/S2) immediately. Additional staffing requests for all positions must be confirmed with TFI-N/S2. In the event CLIENT wishes to extend employment to a TFI-N/S2 employee, current placement fees will apply. TFI-N/S2 reserves the right to suspend service during an assignment for reasonable cause.
2. CLIENT agrees to pay invoice as per terms (Net 15), in absence of written agreement to the contrary, and understands that unpaid accounts will be considered in default after (30) days. CLIENT agrees to pay collection costs and attorney's fees as a result of unpaid account.
3. CLIENT agrees to indemnify and hold harmless TFI-N/S2 for actions of employees.
4. TFI-N/S2 assumes responsibility for the payment of employee compensation, the withholding and payment of all required payroll taxes, workers' compensation insurance and unemployment insurance as required by city, state and federal laws.

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