

# DENTAL PEOPLE™

Staffing America's Dental Practices

3601 Minnesota Drive, Suite 800 Edina, MN 55435

Telephone: (952) 473-9457 Fax: (952) 930-3534 email: barbara@dentalpeople.net

Name of Employee: \_\_\_\_\_

Facility / Client's Name: \_\_\_\_\_

	Date	Time-In	Lunch-Out	Lunch-In	Time-Out	TOTAL HOURS WORKED
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

Client and Field Staff each certify that the above hours are correct and agree to follow the policies set by DENTALPEOPLE™.

Employee Signature: \_\_\_\_\_

Facility/Client Supervisor Name (Print): \_\_\_\_\_

Facility/Client Signature: \_\_\_\_\_  
( Supervisor/Manager Signature)

Duly authorized on behalf of the above client, the undersigned hereby acknowledges that the hours documented are accurate and that all work performed was satisfactory. Also, undersigned confirms previous agreement between Dental People and Client regarding services performed as well as any future services in that Client shall not entrust any Dental People employee (s) with cash, negotiables, other valuables, or unattended premises or authorize said employee(s) to motor vehicle(s) without prior written consent from Dental People. Any losses or damages caused by any employee(s) operating Client's owned or leased motor vehicle(s) is not covered by Dental People insurance. Client accepts full responsibility for any claims including defense thereof involving property damage, bodily injury, fire, theft, collision, materials damage, or public liability damage resulting from a Dental People employee operating any Client's motor vehicle(s) or arising of or involving violation of Client's obligation to obtain written permission from Dental People as previously noted.

Dental People is not responsible for any or all claims presented under its Errors and Omission Insurance unless such claim(s) are offered in writing by Client within 10 days following occurrence, Client shall indemnify and hold Dental People harmless from all fines, penalties and assessments including legal fees incurred by Dental People resulting from alleged violation(s) of any Federal, State, County, or Municipal law, statute, regulation, or ordinance relating to premises owned and/or controlled by Client and to which Dental People employee(s) are on assignment.

Client respects Dental People employer-employee relationship with all its personnel and honors the obligation to make notification of all issues concerning their employment, job assignment, pay procedures, rules and regulations, etc. to recognize Dental People representative(s).

In the event the temporary employee becomes employed by Client within (1) one year of date shown on time card, without the express written consent of Dental People, Client will agree to the employee remaining on Dental People payroll for a period of 90 business days from the date of notifications, plus, a \$1500.00 fee or you shall pay a liquidation fee of first year's annual salary to Dental People. Client also understands that there is a four hour minimum charge on all orders.