

Text to: (952) 473-9457 or email to: timecards@dentalpeople.net

* If timecard is not received by 10 a.m. the following Monday morning, employee will be paid the following pay period.

Dental People Employee Name: _____

Client's Office Name/Location: _____

Pay Period: _____

	Date	Time-In	Lunch-start	Lunch-end	Time-Out
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Employee Signature: _____

I agree to the terms & conditions of my employment as listed below

Client's Supervisor Name: _____

Client's Supervisor Signature: _____

I agree to the terms & conditions below on behalf of my employer

Supervisor and employee each certify that the above hours are correct and agree to follow the policies set by DENTALPEOPLE™.

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 notification, 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.