



TEMPORARY AND PERMANENT DENTAL PERSONNEL
DENTISTS • DENTAL HYGIENISTS • DENTAL ASSISTANTS • OFFICE STAFF

Mailing Address:
P.O. Box 2056, Dennis, MA 02638
Tel: 1-800-462-TEMP (1-800-462-8367)
or 1-888-RDH-TEMP (1-888-734-8367)
www.rdhtemps.com

NOTES

**FAX TIME SLIPS TO 1-877-RDH-TEMP (1-877-734-8367)
OR SCAN & EMAIL TO TIMESLIPS@RDHTEMPS.COM**

Check one: Hygienist Assistant Other _____ Temp name _____

Dental facility: _____
Doctor's name _____ City or Town _____

Black ink only: circle Start Time, Lunch Out, Lunch In, and Finish Time.

Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
ENTER DATE	ENTER DATE	ENTER DATE	ENTER DATE	ENTER DATE	ENTER DATE	ENTER DATE	ENTER DATE	ENTER DATE	ENTER DATE	ENTER DATE	ENTER DATE
6:00 am	2:00 pm	6:00 am	2:00 pm	6:00 am	2:00 pm	6:00 am	2:00 pm	6:00 am	2:00 pm	6:00 am	2:00 pm
6:15 am	2:15 pm	6:15 am	2:15 pm	6:15 am	2:15 pm	6:15 am	2:15 pm	6:15 am	2:15 pm	6:15 am	2:15 pm
6:30 am	2:30 pm	6:30 am	2:30 pm	6:30 am	2:30 pm	6:30 am	2:30 pm	6:30 am	2:30 pm	6:30 am	2:30 pm
6:45 am	2:45 pm	6:45 am	2:45 pm	6:45 am	2:45 pm	6:45 am	2:45 pm	6:45 am	2:45 pm	6:45 am	2:45 pm
7:00 am	3:00 pm	7:00 am	3:00 pm	7:00 am	3:00 pm	7:00 am	3:00 pm	7:00 am	3:00 pm	7:00 am	3:00 pm
7:15 am	3:15 pm	7:15 am	3:15 pm	7:15 am	3:15 pm	7:15 am	3:15 pm	7:15 am	3:15 pm	7:15 am	3:15 pm
7:30 am	3:30 pm	7:30 am	3:30 pm	7:30 am	3:30 pm	7:30 am	3:30 pm	7:30 am	3:30 pm	7:30 am	3:30 pm
7:45 am	3:45 pm	7:45 am	3:45 pm	7:45 am	3:45 pm	7:45 am	3:45 pm	7:45 am	3:45 pm	7:45 am	3:45 pm
8:00 am	4:00 pm	8:00 am	4:00 pm	8:00 am	4:00 pm	8:00 am	4:00 pm	8:00 am	4:00 pm	8:00 am	4:00 pm
8:15 am	4:15 pm	8:15 am	4:15 pm	8:15 am	4:15 pm	8:15 am	4:15 pm	8:15 am	4:15 pm	8:15 am	4:15 pm
8:30 am	4:30 pm	8:30 am	4:30 pm	8:30 am	4:30 pm	8:30 am	4:30 pm	8:30 am	4:30 pm	8:30 am	4:30 pm
8:45 am	4:45 pm	8:45 am	4:45 pm	8:45 am	4:45 pm	8:45 am	4:45 pm	8:45 am	4:45 pm	8:45 am	4:45 pm
9:00 am	5:00 pm	9:00 am	5:00 pm	9:00 am	5:00 pm	9:00 am	5:00 pm	9:00 am	5:00 pm	9:00 am	5:00 pm
9:15 am	5:15 pm	9:15 am	5:15 pm	9:15 am	5:15 pm	9:15 am	5:15 pm	9:15 am	5:15 pm	9:15 am	5:15 pm
9:30 am	5:30 pm	9:30 am	5:30 pm	9:30 am	5:30 pm	9:30 am	5:30 pm	9:30 am	5:30 pm	9:30 am	5:30 pm
9:45 am	5:45 pm	9:45 am	5:45 pm	9:45 am	5:45 pm	9:45 am	5:45 pm	9:45 am	5:45 pm	9:45 am	5:45 pm
10:00 am	6:00 pm	10:00 am	6:00 pm	10:00 am	6:00 pm	10:00 am	6:00 pm	10:00 am	6:00 pm	10:00 am	6:00 pm
10:15 am	6:15 pm	10:15 am	6:15 pm	10:15 am	6:15 pm	10:15 am	6:15 pm	10:15 am	6:15 pm	10:15 am	6:15 pm
10:30 am	6:30 pm	10:30 am	6:30 pm	10:30 am	6:30 pm	10:30 am	6:30 pm	10:30 am	6:30 pm	10:30 am	6:30 pm
10:45 am	6:45 pm	10:45 am	6:45 pm	10:45 am	6:45 pm	10:45 am	6:45 pm	10:45 am	6:45 pm	10:45 am	6:45 pm
11:00 am	7:00 pm	11:00 am	7:00 pm	11:00 am	7:00 pm	11:00 am	7:00 pm	11:00 am	7:00 pm	11:00 am	7:00 pm
11:15 am	7:15 pm	11:15 am	7:15 pm	11:15 am	7:15 pm	11:15 am	7:15 pm	11:15 am	7:15 pm	11:15 am	7:15 pm
11:30 am	7:30 pm	11:30 am	7:30 pm	11:30 am	7:30 pm	11:30 am	7:30 pm	11:30 am	7:30 pm	11:30 am	7:30 pm
11:45 am	7:45 pm	11:45 am	7:45 pm	11:45 am	7:45 pm	11:45 am	7:45 pm	11:45 am	7:45 pm	11:45 am	7:45 pm
12:00 noon	8:00 pm	12:00 noon	8:00 pm	12:00 noon	8:00 pm	12:00 noon	8:00 pm	12:00 noon	8:00 pm	12:00 noon	8:00 pm
12:15 pm	8:15 pm	12:15 pm	8:15 pm	12:15 pm	8:15 pm	12:15 pm	8:15 pm	12:15 pm	8:15 pm	12:15 pm	8:15 pm
12:30 pm	8:30 pm	12:30 pm	8:30 pm	12:30 pm	8:30 pm	12:30 pm	8:30 pm	12:30 pm	8:30 pm	12:30 pm	8:30 pm
12:45 pm	8:45 pm	12:45 pm	8:45 pm	12:45 pm	8:45 pm	12:45 pm	8:45 pm	12:45 pm	8:45 pm	12:45 pm	8:45 pm
1:00 pm	9:00 pm	1:00 pm	9:00 pm	1:00 pm	9:00 pm	1:00 pm	9:00 pm	1:00 pm	9:00 pm	1:00 pm	9:00 pm
1:15 pm	9:15 pm	1:15 pm	9:15 pm	1:15 pm	9:15 pm	1:15 pm	9:15 pm	1:15 pm	9:15 pm	1:15 pm	9:15 pm
1:30 pm	9:30 pm	1:30 pm	9:30 pm	1:30 pm	9:30 pm	1:30 pm	9:30 pm	1:30 pm	9:30 pm	1:30 pm	9:30 pm
1:45 pm	9:45 pm	1:45 pm	9:45 pm	1:45 pm	9:45 pm	1:45 pm	9:45 pm	1:45 pm	9:45 pm	1:45 pm	9:45 pm

Temps:
I certify that the hours shown above were worked by me and were approved by an authorized representative of the Dental Facility. It is my responsibility to contact RDH TEMPS upon the completion of each assignment to request a new assignment or it will be deemed that I have voluntarily quit my employment which may impact my eligibility for unemployment benefits. Time slips are due 24 hours after completion of the week's work at the Dental Facility. All time slips must be received by 8 a.m. Tuesday following the completion of the current work week. I further certify that I have previously read and understand and agree with the terms of the Candidate Agreement which I previously executed (another copy can be furnished upon request.)

Dental Facility:
I certify that the hours indicated in this time sheet are correct and that all work was performed to the satisfaction of the Dental Facility. Time and a half will be paid on all time worked at the Dental Facility that is considered overtime by state law. The Dental Facility acknowledges that RDH TEMPS has expended considerable resources and expense in acquiring, screening and/or training its temporary employees. Thus, in the event that, within 1 year from the last day of work recorded on this time card, the Dental Facility either directly or indirectly hires the temporary employee or refers the temporary employee for employment at a related entity, either on a temporary or permanent basis, the agency fee will be immediately due and payable. It is the responsibility of the Dental Facility to notify RDH TEMPS before hiring a temporary employee directly. The Dental Facility agrees that all invoices are payable in full upon receipt. Credit limit is \$5,000 or less per facility. The Dental Facility agrees to pay interest of 1.5% on any amount outstanding over 30 days. The Dental Facility further agrees that in the event it is necessary to retain an attorney to collect any fees due from the Dental Facility, that it will pay all reasonable attorney's fees and costs. I certify that I am authorized to execute this document on behalf of the Dental Facility and acknowledge that RDH TEMPS will rely on my execution of this document in paying its employees. I further certify that I have previously read and understand and agree with the terms of the Facility Agreement which the Dental Facility previously executed (another copy can be furnished upon request.)

**FAX ONE COPY TO RDH TEMPS
GIVE A COPY TO THE FACILITY
RETAIN A COPY FOR YOUR RECORDS**

Temporary's signature _____ Dental Facility's authorized signature _____