

Brighter Smiles Temp Agency
 2001 E Spring St.
 New Albany, IN 47150
 FAX (812) 399-3149

PLEASE WRITE LEGIBLY

Time Card (week-long)

INDEPENDENT CONTRACTOR: _____ Dental Office _____

	Mondays Date	Tuesdays Date	Wednesdays Date	Thursdays Date	Fridays Date	Saturdays Date
TIME IN						
TIME OUT (lunch) <i>(if no lunch taken write "NO")</i>						
TIME IN (return from lunch)						
TIME OUT (done for the day)						

Client Signature _____ Date: _____
 (Client is Dentist, Office Manager or their authorized representative)

Client's authorized signature on this time sheet certifies that the hours worked by the Independent Contractor are correct and authorizes Brighter Smiles to bill client for such hours. Hours cannot be changed one paid to the Independent Contractor. Please make sure all lunch hours are indicated on this time card.

Time sheet must have your name on it and received by midnight on Monday to be paid on Friday – No Exceptions!