|  |  |
| --- | --- |
| Brighttemp Time sheet**Locum’s Name: …………………………………………** **Practice Name: ……………………………………………** | A tooth model next to a mirror  Description automatically generated |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Start Time | Lunch | End Time | Total Hours |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  | **Total Hours for the week.** |

|  |  |  |  |
| --- | --- | --- | --- |
| Nurse’s signature: |  | Date: |  |
| Dentist or Practice Manager’s signature: |  | Date: |  |

Please make sure practice name is on timesheet & timesheet is signed by Practice Manager or Dentist

Time sheets without the above information will not

be signed off.

Time sheets to be sent back at the end of each working day or weekly if you are working more than one day at the same practice.

Thank you 😊