

APEX Dental Staffing P.O. Box 16321 Lubbock TX 79490 806-319-1030 Office APEXLubbock@yahoo.com			YOUR NAME: _____ Address: _____					
	Date	Office	A.M. Hours		P.M. Hours		Total	Verified by
Mon								
Tue								
Wed								
Thurs								
Fri								
Sat								
IMPORTANT: DO NOT PAY TEMPORARY. PAYROLL DONE BY APEX DENTAL STAFFING.								
Doctor or Office Manager: Please sign above to certify that the above named employee has worked the hours listed. We agree that the hourly rate and daily fee will be paid to APEX Dental Staffing and acknowledge there is a four (4) hour minimum on all assignments. We further agree that scheduling of this employee will be done through APEX Dental Staffing and not directly with the employee and in the event the employee is hired within twelve (12) months that a placement fee will be paid to APEX Dental Staffing. The signature of each office representative constitutes acceptance in full all information on this card.								
Temporary: I certify that I have worked the hours stated and they have been properly verified. To accept assignment in these offices again, I understand that prior arrangements must be made through APEX Dental Staffing and not directly by me.								
TEMPORARY SIGNATURE: _____ e-mail or text at the END of the week to: APEXLubbock@yahoo.com								
Completed, signed time sheets must be in our office at the END of each week for payroll. Please check () Mail () Direct Deposit								

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