Dental Partners, LLC
PO Box 701247
San Antonio, TX 78270
Ph: 210-408-6349 Fax: 210-408-6358

YOUR NAME:
(Please Print)

DATE	OFFICE	SIGN IN	LUNCH OUT	LUNCH IN	SIGN OUT	VERIFIED BY	DP ONLY

DOCTOR/STAFF: Please sign in the 'Verified By' column to certify times entered by the above named temporary are correct. You will be billed for the hours confirmed. All hours entered are rounded to the nearest quarter hour. We agree that any scheduling of this temporary will be done through Dental Partners and not directly with the temporary. If this temporary is hired within six months a placement fee will be paid to Dental Partners. Please make a copy of this time sheet for your records.

TEMPORARY: I certify I have worked the hours stated above. To accept assignments in these offices again, I understand that prior arrangements must be made through Dental Partners, and not directly by me. Time sheets must be emailed, faxed, or text a picture, by the last day of the pay period. Please refer to your Payday Calendar for dates. Do not total your hours until after sending to Dental Partners.