



Name: _____ Office Name: _____

Doctors Name: _____ Phone #: _____

PO Box 746 Dracut, MA 01826 866-TEMPS-08

Date	Time In	Lunch Out	Lunch In	Time out	Total
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

Total Hours Worked: _____

Office Manager/Doctor Signature: _____

Date _____

****All time cards must be submitted no later than the Tuesday of payroll week****

To submit - E-Mail melissa@dental-staffing.net - Fax 866-836-7708 - Text 978-238-9708

(978-238-9708 is a time card text only number. Calls to this # are not accepted)

