



**Dependable
Dental
Staffing**

Keeping Production Without Interruption!

TIME SHEET

Employee

Name: _____

Position: _____

Dentist

Office: _____

Supervisor: _____

Date	Start Time	Lunch Out	Lunch In	End Time	Total Hours
WEEKLY TOTALS:					

Employee
Signature _____

Date: _____

Dentist /
Supervisor
Signature _____

Date: _____