



TIME SLIP

Email to sofia@ctc.work

Position worked Front desk Dental Assistant Dental Hygienist Oral Health Therapist

DAY	DATE	START TIME	START LUNCH	END LUNCH	END TIME	TOTAL	
						hours	mins
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Total Hours worked rounded to the nearest 15 minutes							

<p>DENTAL TEMP STAFF</p> <p>I certify that the times worked as shown are true and accurate and were worked by me during the days indicated and were properly certified by the dentist or dentist's representative. I further certify that, in the next 6 months, I will not seek or accept employment directly or indirectly from this dentist or his or her staff without prior notification to CTC.</p> <p>Name: _____</p> <p>Signature: _____</p> <p>Date: _____</p>	<p>DENTIST/ DENTAL PRACTICE AUTH REPRESENTATIVE</p> <p>I have read the terms and conditions below and I agree to be bound by them. It is hereby agreed that the hours stated are correct. I further certify that, in the next 6 months, I will not seek to employ directly or indirectly, temporarily, or permanently this CTC team member without prior notification to CTC.</p> <p>Practice Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Signature: _____</p> <p>Name: _____</p> <p>Date: _____</p>
<ol style="list-style-type: none"> 1. Charges for the services provided under this agreement will be at the daily rate specified in the fee schedule effective on the date the services were performed. 2. This hour verification reflects the actual hours worked by the dental temp staff member. However, it is agreed that payment shall be made to CTC for a minimum of four consecutive hours per day even if fewer hours are worked. 3. All requests for CTC staff shall be made through CTC. 4. A service charge of 15% will be charged on all outstanding accounts after (7) seven days. 5. The dentist/dental practice agrees to pay all costs necessary for collection of all fees associated with this time slip, including reasonable debt collection and legal fees. 	

