

Check one

Temp name: _____

(Printing or signing name on this line certifies all information is accurate below)

RDH

DA (non EDDA)

DA (EDDA)

Timesheet must be recorded in ink. *Signatures certify that all information and hours indicated on this timesheet are correct

Date/Office and Signatures	Time In	Lunch Out	Lunch In	Time Out
<p>Monday Date: M/DD/YY _____</p> <p>Office Name: _____</p> <p><input type="checkbox"/> Check box for long distance (45+ miles one way)</p> <p><input type="checkbox"/> Check box for double booked (RDH only) _____ # of extra patients (exceeding 1 pt/hr)</p> <p>Authorizing Signature: _____</p>				
<p>Tuesday Date: M/DD/YY _____</p> <p>Office Name: _____</p> <p><input type="checkbox"/> Check box for long distance (45+ miles one way)</p> <p><input type="checkbox"/> Check box for double booked (RDH only) _____ # of extra patients (exceeding 1 pt/hr)</p> <p>Authorizing Signature: _____</p>				
<p>Wednesday Date: M/DD/YY _____</p> <p>Office Name: _____</p> <p><input type="checkbox"/> Check box for long distance (45+ miles one way)</p> <p><input type="checkbox"/> Check box for double booked (RDH only) _____ # of extra patients (exceeding 1 pt/hr)</p> <p>Authorizing Signature: _____</p>				
<p>Thursday Date: M/DD/YY _____</p> <p>Office Name: _____</p> <p><input type="checkbox"/> Check box for long distance (45+ miles one way)</p> <p><input type="checkbox"/> Check box for double booked (RDH only) _____ # of extra patients (exceeding 1 pt/hr)</p> <p>Authorizing Signature: _____</p>				
<p>Friday Date: M/DD/YY _____</p> <p>Office Name: _____</p> <p><input type="checkbox"/> Check box for long distance (45+ miles one way)</p> <p><input type="checkbox"/> Check box for double booked (RDH only) _____ # of extra patients (exceeding 1 pt/hr)</p> <p>Authorizing Signature: _____</p>				
<p>Saturday Date: M/DD/YY _____</p> <p>Office Name: _____</p> <p><input type="checkbox"/> Check box for long distance (45+ miles one way)</p> <p><input type="checkbox"/> Check box for double booked (RDH only) _____ # of extra patients (exceeding 1 pt/hr)</p> <p>Authorizing Signature: _____</p>				

Employee Signature _____

*Must submit by END of the week
Time sheets can submitted via scan and email or fax.*

***Pay Minimum/LunchBreaks:** Geaux Polish LLC has a 4 hour pay minimum for all ½ day assignments booked and a 6 hour pay minimum for all full day assignments booked. Employees are allowed to arrive and clock in 15-30 minutes prior to the scheduled start time to prepare for the day, and may remain clocked in for any *required* staff meetings. Employees will record working hours on the timesheet and are paid for the hours they are at the Dental Facility from start to finish, minus a lunch break. Lunch breaks are not to exceed 60 minutes. If a patient cancels on the schedule, the employee is not to be advised to clock out for that cancellation time, but rather find other work to do.

***Double Column:** check double column box and notate # of extra patients over 1pt/hr

***Long Distance:** eligibility is determined by location of residence and miles driven to assignment location using Google Maps. All Long Distance pay requests will first be reviewed and approved by management before payment is made.

***Submission:** Timesheets are submitted at the end of the week by the employee. The authorizing signature on the timesheet verifies time is correct and acknowledges the documented time/patient load that will be invoiced and paid for by the Dental Facility. Timesheet must be signed by both the temp and authorized personnel. All timesheets must be submitted by the end of the same business week by Saturday at 5:00pm. Please retain a copy for your records.