DENTAL™
EMPLOYMENT SERVICES, INC

DAILY TRACKING SHEET FOR TEMPORARY EMPLOYMENT

Name: _____

Date	Office	Office #	Hours	Arrived	Lunch	Departed	Total	Pay Day	Office Signature*
SAMPLE:									
4/6/10	*Dr. Jane Smiley*	*206-555-1234*	*7:30-5:30*	*7:15 am*	*1 hour*	*5:30 pm*	*9.25*	*4/15/10*	*Dr. Jane Smiley*

***By signing this tracking sheet, you are verifying that the hours worked are correct for the above named professional.**

425-747-8095 • 800-303-8095 • FAX: 425-747-5843 • www.dentalemploymentservices.com