

DENTAL TEMPORARIES-TIME CARD

Office: _____ Temporary Employee: _____

	DATE	START	OUT	IN	FINISH	TOTAL
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						

I, the undersigned doctor, agree not to employ the undersigned employee either temporary or permanent for a period of one year from the date of the time card, without first notifying and obtaining the approval of Dental Temporaries. I also agree to compensate Dental Temporaries for the services of the employee according to the terms prescribed by Dental Temporaries. A violation of this contract allows Dental Temporaries to seek legal relief from me.

I, the undersigned employee, agree not to accept employment from undersigned doctor for a period of one year of the dated time card. A violation of this contract by me gives Dental Temporaries the right to seek legal relief from me.

**Please fax or mail (make a copy for your records) by Saturday
P.O. Box 474, Whitman, MA. 02382-0474
Phone (781) 447-1818 or FAX (781) 447-4610**

Employee Sign. _____ Dr. Sign _____

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