



SubstiToothFairy, L.L.C.

Award-Winning Dental Staffing Service

ADDRESS: PO Box 7555, Wilmington, DE 19803

PHONE: 302.545.4397 or 267.253.1944

FAX: 302.375.6359

E-MAIL: info@substitoothfairy.com

TIME SHEET

Temporary Staff Name:	Name of Practice:
Address:	Address:
City:	City:
State, Zip:	State, Zip:
Social Security #:	

*Example: 7:45AM 1:00PM 2:00PM 5:15PM 8.5 hrs

DATE:	START:	LUNCH OUT:	LUNCH IN:	END:	TOTAL HOURS WORKED
MONDAY / /					
TUESDAY / /					
WEDNESDAY / /					
THURSDAY / /					
FRIDAY / /					
SATURDAY / /					
				WEEKLY TOTAL:	

CONFIRMED HOURLY RATE: \$ _____

TOTAL: \$ _____

It is confirmed that: The days and hours shown on this timesheet have been worked; Practice will mail payment within 10 business days to temporary staff; Practice will fax signed copy to SubstiToothFairy: (302) 375-6359.

TEMPORARY STAFF Signature: _____ **Date:** ____ / ____ / ____

PRACTICE OWNER/CLIENT Signature: _____ **Date:** ____ / ____ / ____