

1414 Prince Street, Suite 202 Alexandria, VA 22314 PHONE: 703-820-8618

EMAIL: payroll@teamplace.com

Please complete timesheet and fax or email (see above for info					(CHEC	(POSITION) RI	OH □ DA	☐ FD ☐	DENTIST	
PRACTICE NAME			PRACTICE ADDRE	ESS	<u>.l</u>			PRACTICE PHONE		
WEEK ENDING SATURDAY:					MONTH DAY		YEAR			
	DAY	DATE	TIME IN	TIME C	DUT	LESS LUNCH	TOTAL HE	RS		
	SUNDAY									
	Monday									
	TUESDAY									
\	WEDNESDAY									
	THURSDAY									
	FRIDAY									
	SATURDAY									
	•		TOTAL HO	URS F	OR	THE WEEK				
-		•				D				
TEMPORARY EMPLOYEE INSTRUCTIONS				PRACTICE AGREEMENT						
Report time by the hour and in 15 minute increments. Please note, lunch break is NOT paid.				The individual signing this timesheet is an authorized representative of the practice a certifies that the hours worked as entered on the timesheet are true and correct a that the work was performed in a satisfactory manner.						
To prevent delays in processing, fill out your timesheet completely, accurately and legibly.				The practice shall not entrust Team Placement Service, Inc. (TPS) employees we unattended premises, cash, negotiables or other valuables, or authorize su employees to operate machinery (other than office equipment), or motor vehicles.						
Use a separate timesheet for each assignment and week worked.				The practice understands that Team Placement Service, Inc. incurs significe expense for advertising, screening and testing of its temporary employees. Therefor in consideration of this service, the practice agrees that if a Team Placement Service, temporary employee is hired directly or indirectly within one year of this timeshed.						
The timesheet must be signed by you and the Practice's authorized supervisor before the timesheet can be processed.										
Temporary Hygienists will be paid straight time for all hours worked. Notify Team Placement Service, Inc. immediately if job duties differ substantially from the assigned job description.					the Practice will be obligated to pay a placement fee for this conversion in accordar with the fee schedule in effect at the time of hire. The fee is also due in the event t practice refers the employee to another organization which hires the employee.					
It is the candidate's responsibility to complete and submit their timesheet! Make sure the Practice will sign & date the Timesheet If you are unable to report to work or will be late, call Team Placement Service at					Practice will be billed weekly for the times shown on the timesheet. I authorize TPS collect payment for the services rendered. Payment will be collected via credit card eCheck. In the event of the practice's failure to pay Team Placement Service, I charges when due, whether for temporary service charges or conversion fees, prac shall pay all collection and/or litigation costs plus reasonable attorney's fees.					
(703) 820-8618, or call your Staffing Consultant.				Seven (7) hour minimum billing applies Monday – Thursday Four (4) hour minimum billing applies Friday - Sunday						
Email Timesheet to payroll Late Timesheets w					<u>F0</u>	ur (4) hour minimu	im billing appli	ies Friday - Su	<u>nday</u>	
<u> Luic Tillicshocts W</u>	iii be processee	the following	pay periou	will be a	dded fo ent will	of payment - eCh or CC payments. If be considered pa	TPS does not st due and Te	receive immed am Placement	diate payment, the Service, Inc. sl	
EMPLOYEE SIGNATURE	DATE	assess a monthly finance charge of one and one-half percent (1½%) on the unpubalance. Overdue accounts will be sent to Collections. TPS reserves the right discontinue service if the past due balance remains unpaid.								
			_			above hours are c itions above.	orrect. My sig	nature include	s acceptance o	
				NAME						
				SIGNAT	TURF			DA		