

TeamPlacement

SERVICE, INCORPORATED

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

EMAIL: payroll@teampplace.com

Please complete timesheet and fax or email (see above for info)

EMPLOYEE NAME		(CHECK POSITION) RDH <input type="checkbox"/> DA <input type="checkbox"/> FD <input type="checkbox"/> DENTIST <input type="checkbox"/>			
PRACTICE NAME		PRACTICE ADDRESS		PRACTICE PHONE	

MONTH	DAY	YEAR
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WEEK ENDING SATURDAY:

DAY	DATE	TIME IN	TIME OUT	LESS LUNCH	TOTAL HRS
SUNDAY					
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
TOTAL HOURS FOR THE WEEK					

TEMPORARY EMPLOYEE INSTRUCTIONS	PRACTICE AGREEMENT
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Report time by the hour and in 15 minute increments.

Please note, lunch break is NOT paid.

To prevent delays in processing, fill out your timesheet completely, accurately and legibly.

Use a separate timesheet for each assignment and week worked.

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.

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 (703) 820-8618, or call your Staffing Consultant.

Email Timesheet to payroll@teampplace.com no later than 7:00PM Saturday. Late Timesheets will be processed the following pay period

EMPLOYEE SIGNATURE	DATE
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The individual signing this timesheet is an authorized representative of the practice and certifies that the hours worked as entered on the timesheet are true and correct and that the work was performed in a satisfactory manner.

The practice shall not entrust Team Placement Service, Inc. (TPS) employees with unattended premises, cash, negotiables or other valuables, or authorize such employees to operate machinery (other than office equipment), or motor vehicles.

The practice understands that Team Placement Service, Inc. incurs significant expense for advertising, screening and testing of its temporary employees. Therefore, in consideration of this service, the practice agrees that if a Team Placement Service, Inc. temporary employee is hired directly or indirectly within one year of this timesheet, the Practice will be obligated to pay a placement fee for this conversion in accordance with the fee schedule in effect at the time of hire. The fee is also due in the event that practice refers the employee to another organization which hires the employee.

Practice will be billed weekly for the times shown on the timesheet. I authorize TPS to collect payment for the services rendered. Payment will be collected via credit card or eCheck. In the event of the practice's failure to pay Team Placement Service, Inc. charges when due, whether for temporary service charges or conversion fees, practice shall pay all collection and/or litigation costs plus reasonable attorney's fees.

Seven (7) hour minimum billing applies Monday – Thursday
Four (4) hour minimum billing applies Friday - Sunday

Accepted forms of payment - eCheck or credit card (CC). Note, a 2% surcharge will be added for CC payments. If TPS does not receive immediate payment, then the payment will be considered past due and Team Placement Service, Inc. shall assess a monthly finance charge of one and one-half percent (1½%) on the unpaid balance. Overdue accounts will be sent to Collections. TPS reserves the right to discontinue service if the past due balance remains unpaid.

I certify that the above hours are correct. My signature includes acceptance of the terms and conditions above.

NAME	
VER	
SIGNATURE	DATE