<b>DENTAL FORCE, INC.</b> P. O. Box 3106, Spring, Texas 77383 Phone 936-242-4066 Fax 832-403-3995			YOUR NAME:						
			(Please print)						
	DATE	OFFICE	IN	LUNCH OUT	LUNCH IN	OUT	TOTAL	VERIFIED BY	
MON									
TUE									
WED									
THURS									
FRI									
SAT									
SUN									
	IMPO	RTANT: DO NOT PAY	ΓEMPORAI	RY. PAYRO	DLL DONE	BY DENTA	L FORCE,	INC.	
Dental Force, Ir Inc. and not dire	nc. and acknowledge ectly with the employ	e sign above to certify that the abo there is a four (4) hour minimum yee and in the event the employee s acceptance in full all information	on all assignments of all all assignments of all all assignments of all all assignments of all all all all all all all all all al	ents. We further	agree the sched	luling of this en	nployee will be o	lone through Dental Force,	
must be made th	hrough Dental Force	orked the hours stated and they ha , Inc. and not directly by me. I ag Dental Force, Inc. may assume th	gree to notify De	ental Force, Inc.	at the end of ea	ch assignment t	o let them know		
<b>TEMPORARY</b>	SIGNATURE			fax at the END of the week to: 832-403-3995					

Remember, you must sign your time sheet and fax it to our office at the END of each week.

Completed, signed time sheets must be in our office at the END of each week for payroll.

Your time sheet must be in our office by MONDAY in order to be PAID.

Please FAX to 832-403-3995 or TEXT to 936-241-9805 or E-MAIL to: time@dentalforcetx.com

Your paystubs will be made available for download through our payroll provider, ADP.

## https://workforcenow.adp.com

Once you get paid with us for the first time, we will e-mail you a personal registration code to allow you to sign up for an online account with ADP.

You will need to download your W-2 from this service at the end of the year. They will not be mailed.