

**DENTAL TEMPORARIES-TIME CARD**

Office: \_\_\_\_\_ Temporary Employee: \_\_\_\_\_

	DATE	START	OUT	IN	FINISH	TOTAL
<b>MONDAY</b>						
<b>TUESDAY</b>						
<b>WEDNESDAY</b>						
<b>THURSDAY</b>						
<b>FRIDAY</b>						
<b>SATURDAY</b>						

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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