

DENTAL LINK, INC.

...Linking dental professionals & employers every day.

P.O. Box 781407

San Antonio, TX 78278 Bus Ph: 210.249.8856

Fax or text at end of work week.

FAX TO: 210.853.5363 or

TEXT TO: 210.249.8856

 LINKTEMP NAME (Please Print)
 POSITION

 DATE
 DENTIST / OFFICE
 IN
 OUT

 (Lunch)
 (Lunch)
 (Lunch)

DATE	DENTIST / OFFICE	IN	OUT (Lunch)	IN (Lunch)	OUT	TOTAL HRS	APPROVED BY
							x
							x
							x
							x
							x

DENTAL LINK TEMP

I <u>certify</u> that all my shifts for the week are listed and I have worked the hours recorded.

I understand all shifts must be scheduled through DENTAL LINK and <u>not with the dentist/dental office.</u>

At the end of each work assignment, I agree to notify DENTAL LINK of my work availability. If I fail to do so without cause, DENTAL LINK may assume I am not available for work and unemployment benefits may be denied.

TEMP SIGNATURE: X

DENTIST / DENTAL OFFICE

Dentist/Dentist Representative's signature above certifies that the temp worked the hours recorded and that you agree to pay **DENTAL LINK** the hourly rate & daily Placement Fee related to the shift recorded.

A Four (4) hour minimum applies to all assignments.

Shift cancelations after the temp is in route to your office is billed as 4-hour minimum.

All shifts must be scheduled through **DENTAL LINK** and **not with the temp**.

Permanent Hires of DENTAL LINK Temps that have worked at the dentist's office within the last 12 months must go through **DENTAL LINK**.

Time is rounded to 15 minute increments, as follows:

MIN/HO	URS		DECIMAL CONVERSION		
0 - 08 min	=	0 min	(.00 hours)		
09 - 23 min	=	15 min	(.25 hours)		
24 - 38 min	=	30 min	(.50 hours)		
39 - 53 min	=	45 min	(.75 hours)		
54 - 60 min	=	60 min	(1 hour)		