



Dental Placement Services

Phone: 519 496 2030

Timesheet

Please fax to 519 741 0519

Employee Name: _____

Period Ending: _____

Day	Date	Hours Worked (from - to)	Total Hours
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
		Total for this period:	

Client Authorization:

Name (please print): _____

Signature: _____ **Date:** _____