



Dental Placement Services
Connecting people... Advancing careers

Timesheet

Please fax to 519 741 0519

Phone: 519 496 2030

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: _____