



P: 248-524-1963  
F: 248-524-0515

### TIME CARD

Please retain a copy of the time card for your files.

Your Name: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_

Date	Arrival Time	Lunch	Departure Time	Total Hours (4 Hour Minimum)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

AUTHORIZED SIGNATURE: \_\_\_\_\_

I understand that my signature verifies the hours on this time card and that I will be invoiced for these hours. I am aware that the temporary employee named above is an employee of RDH Health Services, Inc. and that there is a fee for permanent employment offered within a 12 month period from the last placement. I will notify RDH Health Services by phone or in writing before offering employment.