

Temp Time Sheet



Practice Name _____

Practice Address _____

Temp Name _____

Hourly Rate _____ Position: DSS / RDH / RDA circle one

	Date	Start	Lunch In	Lunch Out	Finish	Total
Mon						
Tues						
Wed						
Thurs						
Fri						
Sat						

Total Hours (less lunch)

Signature of Practice _____

Signature of Temp _____

- Practice keep a copy for your records
- Email a copy to wdhstaffing.timesheets@gmail.com
- Give a copy to Temp