



## Adirondack Staffing Solutions, LLC

Text completed time sheet to (838)839-0576 and leave a copy with the office

# Time Sheet

Please photocopy this form for all parties involved and email completed Time Sheet to Adirondack Staffing Solutions, LLC dental@adirondackstaffingsolutions.com

Full Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Apartment/Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Employee Hourly Rate \_\_\_\_\_

Office Name \_\_\_\_\_ Address \_\_\_\_\_

Candidate has been or will be paid- CHECK ONE:

Office Payroll

Agency Payroll

Given a Check

Check will be mailed on \_\_\_\_\_  
Date

Date	Start Time	End Time	Lunch (30/60min)	Total Hours Hours: Minutes	Total Hours Digital
				8:15	8.25

Thank you for using Adirondack Staffing Solutions. Weekly Total: \_\_\_\_\_