



Adirondack Staffing Solutions, LLC

Cell (518) 867-5073 Fax (518) 982-0072

Text completed time sheet to (838)839-0576

Email- dental@adirondackstaffingsolutions.com

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 _____

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: _____

By signing this form the employee and employer agree to the total number of hours worked by the employee. Adirondack Staffing Solutions will be due the total number of hours worked by the employee multiplied by \$7.00. This fee is due at the end of each week the employee is at your office. All fees over 30 days past due will be subject to a 3% finance charge per month.

Employee Signature _____ Print _____ Date _____

Client Signature _____ Print _____ Date _____