Adirondack Staffing Solutions, LLC

Phone Office (518) 982-0062 Fax (518) 982-0072
Cell Call or Text or (518)867-5073
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