

Temporary Fill-Ins South

6660 Delmonico Dr., Suite D • Colorado Springs, CO 80919
719.623.7875 • 303.255.3605 • Fax 303.280.4746

DOCTOR'S NAME _____

PAID NOT PAID TAXES WITHHELD

TYPE OR PRINT _____
YOUR NAME &
ADDRESS _____

SOCIAL SECURITY NO. _____

_____ hours x _____ /hour = _____ total due _____ check no. _____ date _____

WHITE - AGENCY YELLOW - AUXILIARY PINK - CLIENT

Auxiliary: I certify that the time worked, as shown, is true and accurate, and was worked by me during the days in the indicated week, and was properly certified by the dentists or the dentist's representative. Further acceptance of employment from this office, either permanent or temporary, must be directly arranged by **TEMPORARY FILL-INS SOUTH**. I am responsible for all tax obligations as well as my actions while on the job.

DAY	DATE	TIME IN	LUNCH OUT	LUNCH IN	TIME OUT	DAILY TOTAL
SAT.						
SUN.						
MON.						
TUES.						
WED.						
THURS.						
FRI.						
TOTAL HOURS LESS LUNCH						

Signature of Auxiliary: _____
I have read the terms and conditions on the reverse side of this voucher and I agree to be bound by them. It is hereby agreed that the hours stated above are correct and that the work was performed satisfactorily.

Client's Signature _____