

YOUR NAME:				CHANGES:			
DATE	OFFICE	SIGN IN	SIGN OUT	SIGN IN	SIGN OUT	VERIFIED	DP ONLY

DOCTOR/STAFF: Please initial in the VERIFIED column that the times entered by the temporary are correct. You will be billed for the hours confirmed. All hours entered are rounded to the nearest quarter hour. Please make a copy of this timecard for your records.

TEMPORARY: Please refer to your Pay Day Calendar in order to get your timecard to us by fax, email or text no later than the last day of the pay period. **Please do not total** your hours until after sending it to **Dental Partners**.