



# DirectDental

## TIME SHEET

Employee Name: \_\_\_\_\_

Position: \_\_\_\_\_

Pay Rate: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Contact info: \_\_\_\_\_

| Date Worked | Start Time | Lunch Start | Start Time | Break Min | End Time | Daily Total |  |
|-------------|------------|-------------|------------|-----------|----------|-------------|--|
|             |            |             |            |           |          |             |  |
|             |            |             |            |           |          |             |  |
|             |            |             |            |           |          |             |  |
|             |            |             |            |           |          |             |  |
|             |            |             |            |           |          |             |  |
|             |            |             |            |           |          |             |  |

Check will be issued on: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Signature: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_