

**Stellar Dental Temporary Services  
CFL**

# TIME SHEET

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

Office Name: \_\_\_\_\_

\_\_\_\_\_

Date	Start Time	End Time	Total Hrs.
<b>Weekly Totals</b>			

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*This sheet has been provided as a courtesy to track hours worked at our contracted offices. Please note dental office is responsible for all payment to you.