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|--|------|-----------------------------------|------------|--|------------|--|-------|-------------|
| TEMPORARY FILL - INS, INC. P. O. Box 1689 Keller, TX 76244 214-522-2008 Fax 972-385-2304 | | YOUR NAME: Please Print | | | | | | |
| | Date | Office | A.M. Hours | | P.M. Hours | | Total | Verified by |
| MON | | | | | | | | |
| TUE | | | | | | | | |
| WED | | | | | | | | |
| THURS | | | | | | | | |
| FRI | | | | | | | | |
| SAT | | | | | | | | |
| IMPORTANT: DO NOT PAY TEMPORARY. PAYROLL DONE BY TEMPORARY FILL-INS, INC. | | | | | | | | |
| Doctor or Office Manager: Please sign above to verify that the above named employee has worked the hours listed. We agree that the hourly rate and daily fee will be paid to Temporary Fill-Ins, Inc. and acknowledge there is a four (4) hour minimum on all assignments. We further agree that scheduling of this employee will be done through Temporary Fill-Ins, Inc. and not directly with the employee and in the event the employee is hired within twelve (12) months that a placement fee will be paid to Temporary Fill-Ins, Inc. The signature of each office representative constitutes acceptance in full all information on this card. | | | | | | | | |
| Temporary: I certify that I have worked the hours stated and they have been properly verified. To accept assignment in these offices again, I understand that prior arrangements must be made through Temporary Fill-Ins, Inc. and not directly by me. | | | | | | | | |
| TEMPORARY SIGNATURE _____ Fax at the END of work week to: 972-385-2304 | | | | | | | | |
| Completed, signed time sheets must be in our office at the END of each week in order to be paid the following week on FRIDAY. | | | | | | | | |

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TIME SHEETS Please Read

Our time sheets enable our temporaries to record all hours worked in a pay period on one time sheet. You will only use one time sheet for the entire week. Be sure to PRINT **YOUR** NAME AT THE TOP OF BOTH TIME SHEETS. Take a time sheet with you to each office you are scheduled to work. Be sure to note the doctor's office under the "Office" column and have each day signed to verify the hours worked. Please Note: "Courtesy Time" - a quarter hour (15 min.) prior to patient time is expected per Temporary Fill-Ins, Inc. policy. ****Remember, you must sign your timesheet and fax it to our office at the END of each week in order to receive direct deposit the following week, on Friday. We cannot pay you if we do not have your timesheet.** If you have any questions please call us. We will be happy to help. Thanks for your cooperation. We appreciate you so much.