



Please remember to make the appropriate copies  
Original should be left at the office, 1 copy for employee, 1 copy for Dental Ink  
Email to: [admin@dentalinkllc.com](mailto:admin@dentalinkllc.com)

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

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Social Security Number**    -   -

**Name of Client/Office:**  
\_\_\_\_\_  
\_\_\_\_\_

**Notice to employee: Please fill in this time slip completely. Have office sign and leave appropriate copy with the office. The Dental Ink copy must be sent to our office weekly. Payroll will only be issued when Dental Ink copy is signed.**

|                   | Mon | Tues | Wed | Thur | Fri | Sat | Sun |
|-------------------|-----|------|-----|------|-----|-----|-----|
| <b>Date</b>       |     |      |     |      |     |     |     |
| <b>Start</b>      |     |      |     |      |     |     |     |
| <b>Stop</b>       |     |      |     |      |     |     |     |
| <b>Less Lunch</b> |     |      |     |      |     |     |     |
| <b>Total</b>      |     |      |     |      |     |     |     |

**CLIENT VERIFICATION**

I certify the above Dental Ink employee worked the hours listed on this Time Sheet.

**Client Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

