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: *south@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
Date							
Start							
Stop							
Less Lunch							
Total							

CLIENT VERIFICATION

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

Client Signature:_____

Title:_____

Date:_____

(206) 717-3732

dentalinksouthpnw@gmail.com
DentalInkLLC.com

Corporate Office
9140 New Castle Dr. Suite A
Shreveport, LA 71129