



14109 Overbrook Rd, Suite E, Overland Park, KS 66224

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Please email Timesheets to [timesheets@yourhealthstaff.com](mailto:timesheets@yourhealthstaff.com)

Employee Name					
Client Name					
Day	Date	Start Time	End Time	Less Meal Break	TOTAL HOURS
MON					
TUES					
WED					
THURS					
FRI					
SAT					
I certify that the hours shown above represent my total hours worked and that they were properly verified by the client or by an authorized representative.					
Employee Signature				Date	
I agree to terms of Net Upon Receipt and to pay interest on unpaid accounts over 90 days at the rate of the greater of 1.5% per month or the maximum rate allowed by law, together with all collection and litigation costs, plus interest and reasonable attorney's fees. I recognize the rights of HealthStaff as the employer and agree not to employ directly in any capacity the person name herein. I certify that the hours shown above are correct and that the employee performed satisfactorily. In the unlikely event that the employee herein has worked for more than a total of forty hours in one week, HealthStaff will invoice you at one and one half times the regular hourly rate charged to you for the employee's services for all hours worked in excess of forty hours in one week.					
Signature of Authorized Client Only				Date	

HealthStaff Dental Staffing Solutions is an Equal Opportunity Employer