

**Time Card (single day)**

**Brighter Smiles Temp Agency**

2001 East Spring Street

New Albany IN 47150

**Fax 812-399-3149**

Independent Contractor (your name) \_\_\_\_\_

Date Worked \_\_\_\_\_

Office Worked \_\_\_\_\_

Time IN \_\_\_\_\_ (arrival time) **please write legible**

Time out \_\_\_\_\_ (lunch break)

(if no lunch break taken, write "No")

Time IN \_\_\_\_\_ (return from lunch)

Time Out \_\_\_\_\_ (Done for the day)

\_\_\_\_\_  
Dental Office Signature (Client)

\_\_\_\_\_  
Date

Client's authorized signature on this time sheet certifies that the hours worked by independent Contractor are correct and authorizes Brighter Smiles to bill client for such hours. Hours cannot be changed once paid to independent contractor.

Please make sure all lunch hours are indicated on time card.

**Time sheet must have your name on it and received by midnight on Monday to be paid on Friday**

**- No Exceptions!**