

TIME SHEET – PLEASE SCAN BY SUNDAY 9PM

NAME: _____ WEEK ENDING _____

WEEK	DATE	START	FINISH	HOURS	LUNCH BREAK	NET PAID HOURS	DENTAL PRACTICE	SUPERVISOR SIGNATURE
MONDAY								
TUESDAY								
WEDNESDAY								
THURSDAY								
FRIDAY								
SATURDAY								

TOTAL HOURS

EMPLOYEE SIGNATURE _____ DATE _____

TEMP DENTAL PTY LTD