PREMIERE DENTAL

Temporary Employee Information Form

Please complete and submit this form to the office manager.

Employee Name (First and Last Name)

Phone Number **Email Address**

Street Address

City/State **Zip Code**

Office Location Worked In

Please list the number of hours worked including any breaks

Date	Clock In	Lunch -OUT	Lunch-IN	Clock out

By signing this form, I am agreeing to receive compensation via mail with no deductions during our Premiere Dentals regularly scheduled payroll period.

Employee Signature **Date**