

TEMPS ARE US, INC.

Please Print Clearly

Name of Facility _____

Address _____

	DATE	START	OUT	IN	FINISH	TOTAL
MON.						
TUES.						
WED.						
THURS.						
FRI.						
SAT.						

I the undersigned doctor agree not to employ the undersigned employee either temporary or permanent for a period of one year from the date of this time card, without first notifying and obtaining the approval of Temps Are Us, Inc. I also agree to compensate Temps Are Us, Inc. for the services of the employee according to the terms prescribed by Temps Are Us, Inc. A violation of this contract allows Temps Are Us, Inc. to seek legal relief from me...

I the undersigned employee agree not to accept employment from undersigned doctor for a period of one year of the dated time card. A violation of this contract by me gives Temps Are Us, Inc. the right to seek legal relief from me.

Please mail by Saturday
11 Barber Street
Medway, MA 02053
Tel: 508-533-7855
Fax: 508-321-1054

Employee S.S. # _____

Employee's Name _____

Employee's Signature _____

White Copy - Agency Yellow Copy - Dentist Pink Copy - Employee

Dentist's Signature _____

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