MDPstaffing.com



MDP Courtesy Timecard

Dental Office must have all referred personnel from MDP complete this form. Once assignment is completed, please make a copy of this form. The copy is given to the Dental Office; the original is for your records. The Dentist pays the Temporary directly. Same day and after-hours bookings are an additional \$50.00. Temporary is to receive payment by end of day worked or within 5 days if mailed.

ventist's Name: Temporary's Name:							
Dates worked						Hours	Minutes
	In	Out	In	Out	OT		
	In	Out	In	Out	OT		
	In	Out	In	Out	OT		
	In	Out	In	Out	OT		
	In	Out	In	Out	OT		
	In	Out	In	Out	OT		
	In	Out	In	Out	OT		
	•	-		Regular h	nours worked:	•	·

Dental Office: Please comply with current California labor laws on overtime pay (OT=overtime).

liar nours worked:

Overtime hours worked: TOTAL:

MDP's referral fee will be invoiced to your dental office separately. MDP fees are \$82.00 per day, regardless of hours worked in a day. Fee is based on a full 8 hours unless agreed upon by MDP and the assigned temporary when the order was originally called in. If an order is cancelled, dentist is still responsible for MDP's booking charge of \$82.00 per day. Temporary is due rate of pay for 4 hours if she is on her way to job assignment and a cancellation notice is not given prior. Temporaries appreciate being paid after completing assignment.

RDAEF rate = \$45.00 per hour, \$360.00 for 8 hours

RDA rate = \$38.00 per hour, \$304.00 for 8 hours

CDA rate = \$32.00 per hour, \$256.00 for 8 hours

DA rate = \$34.00 per hour, \$272.00 for 8 hours

Front Office Auxiliary rate = \$38.00 per hour, \$304 for 8 hours

RDH rate = \$75.00 per hour, \$600.00 for 8 hours (Additional charges of \$75.00 for each adult patient over 9 patients) **DDS rate** = \$125.00 per hour \$1,000.00, for 8 hours

Thank you for the opportunity to be of service. Please call MDP directly for arrangements of additional coverage. Additional dates must go through MDP. Both Dentist and Temporary have agreed the above information is correct.

Owner of Practice	Date
Signed by Dentist	Date

Employee's Withholding Allowance

Total number of allowances you are claiming ______. Additional amount, if any, you want withheld from each paycheck ______. Call 1-800-772-1213 if your last name differs from that on your social security card.

I claim exemption from withholding for _____ and I certify that I meet BOTH of the following conditions for exemption: • Last year I had a right to a refund of ALL Federal Income tax withheld because I had NO tax liability AND • This year I expect a refund of ALL Federal income tax withheld because I expect to have NO tax liability.

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.

Employee's signature: _____

Date