pol·ish llc

Hygienist's Name _____

Dental Facility Name _____

Day	Date	Time In	Time Out	Time In	Time Out
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

_____ _____

Hygienist's Signature Date

The undersigned hereby certify that the hours indicated on the above time record are complete and accurate.

Please fax completed time record to (417) 473-6975 or email info.polishllc@gmail.com

POLISH LLC recommends the Dental Facility and Hygienist retain a copy of this completed record on file.

_____ _____

Dental Facility Authorized Signature Date

Blank timesheets are available at https://www.pol-ish.com/