



# EMPLOYEE TIME & MILEAGE VERIFICATION FORM

	DATE	TIME IN	START LUNCH	END LUNCH	TIME OUT	TOTAL DAILY HOURS	MILES TRAVELED
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							
					<b>TOTAL WEEKLY HOURS AND MILES:</b>		

### RDH OnDemand EMPLOYEE

I certify that the times worked as shown are true and accurate and were worked by me during the days indicated and were properly certified by the dentist or dentist's representative.  
I certify that the miles traveled as shown are true and accurate and were traveled by me during the days indicated.

**Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\_\_\_\_\_ **Assistant**      \_\_\_\_\_ **Hygienist**

1. Please complete timesheet entirely and accurately with all signatures and dental office information. Please mark any date that you were scheduled but absent with the reason for your absence.
2. Cutoff for submitting Timesheets is 6:00 p.m. on Saturday evening of each week. Timesheets submitted after this time may be subject to being paid the following pay period.
3. Inaccurately recording your time may result in getting paid the following pay period.
4. Please use [www.redcort.com](http://www.redcort.com) to add your time correctly. Your total weekly hours should be submitted as a decimal point, NOT in hours and minutes.
5. Please email to [lynsee@rdhondemand.com](mailto:lynsee@rdhondemand.com).

### DENTAL OFFICE

I have read the terms and conditions below and I agree to be bound by them. It is hereby agreed that the hours stated are correct and that the work was performed satisfactorily. I agree to make payment to RDH for all hours listed above.

**Office Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/Zip:** \_\_\_\_\_

1. Charges for the services provided under this agreement will be at the daily rate specified in the Verification Form, effective on the date the services were performed.
2. This Timesheet reflects the actual hours worked. It is agreed that payment shall be made to RDH OnDemand, LLC for all hours that are included on this timesheet and if less than four hours were worked in one day, then payment shall be made to RDH OnDemand, LLC for a minimum of four consecutive hours per day, even if actual hours worked are less.
3. The dentist/dental office agrees to pay all costs necessary for collection of all fees associated with this Timesheet, including all reasonable attorney's fees.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Thank you!