Ambitious Smiles Dental Staffing

Assignment Confirmation Form

This Assignment Confirmation outlines the details of a temporary placement. Acceptance of this assignment confirms availability and agreement to the terms below.

Employee Information

Employee Name: _____

Phone Number: _____

Client Office Information

Dental Office Name: _____

Office Address: _____

City/State: _____

Assignment Details

Assignment Date: _____

Start Time: _____ End Time: _____

Role / Duties: _____

Compensation

Hourly Rate: $_____ per hour

Payment will be processed through payroll according to Company schedule.

Professional Expectations

• Arrive on time and in professional attire
• Follow client office policies and procedures
• Maintain HIPAA compliance at all times
• Notify Ambitious Smiles Dental Staffing immediately of any issues

Cancellation Policy

Failure to appear or last■minute cancellation may impact future assignment eligibility.

Acknowledgment & Acceptance

I confirm my availability and accept this assignment under the terms outlined above.

Employee Signature: _____ Date: _____

Company Representative: _____ Date: _____