



P.O. Box 273 · White Marsh, MD 21162

(410) 529-4618

**PART-TIME EMPLOYEE AGREEMENT**

DENTAL/MEDICAL ASSOCIATES was established to assist the dental community in meeting their staffing and employment needs. Our special knowledge of dentistry sets us apart from other personnel agencies.

Our goal is to provide the most competent personnel available to our clients and to provide suitable work for those dental professionals who prefer temporary assignments.

It is important for those individuals who are sent out on temporary assignments to understand they work as a PART-TIME EMPLOYEE of DENTAL/MEDICAL ASSOCIATES and as part-time employees you have the freedom to:

- \* Set your own hours
- \* Accept or not accept an assignment when it is offered.

DENTAL/MEDICAL ASSOCIATES' clients are billed based on the number of hours that you work. Therefore, a time slip signed by both the client (Dentist) and you must be returned to the company before you can receive payment for your services. You will be paid based on the number of hours actually worked multiplied by the hourly rate negotiated and set forth in this Agreement.

I agree to provide my services as a \_\_\_\_\_ at the hourly rate of \$\_\_\_\_\_.

I certify that I am licensed in the state of Maryland to perform the following duties:

_____ Hygiene	License Number _____
_____ Dentistry	License Number _____
_____ X-Ray Certified	Certification Number: _____

If you appreciate the opportunity to work only when you choose to, you can promote the business of DENTAL/MEDICAL ASSOCIATES by handling each and every assignment in a professional manner. This approach will assure our continued growth and the opportunity for you to continue working in this manner as long as you wish.

DENTAL/MEDICAL ASSOCIATES provides both temporary services and placement services to its clients. For the period of twelve (12) months after you have been assigned to a dental office, you agree not to accept either a temporary or permanent employment from that client unless that employment has been directly arranged by DENTAL/MEDICAL ASSOCIATES.

The term of this agreement is one year from the date signed and will automatically be renewed on a yearly basis unless it is terminated in writing with 30 days notice by either DENTAL/MEDICAL ASSOCIATES or the part-time employee signed below. I understand that if I fail to contact DENTAL / MEDICAL ASSOCIATES upon completion of each assignment to request another assignment, I will be considered to have left work voluntarily without cause and unemployment benefits may be denied.

I have read the above information, it has been verbally explained to me and I understand that I am a part-time employee and as such DENTAL/MEDICAL ASSOCIATES does not guarantee any specific schedule and I will be employed only on an as needed basis.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Name (printed)