



Assistance On Call, Inc
The Dental Staffing Company

August 2024

September 2024

Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	1	2	3	4	5

Doctor: _____

Practice: _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
28	29	30	31	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

On day needing coverage, please include the following:

→ **Hours** start time, end time, arrival time, i.e 8-5, 7:45

→ **Lunch** (actual lunch hour, length of break or straight through)

→ **Employee type** (HYG, ASST, EDDA or REC)

→ **Special instructions** or requests (laser required, SRP, etc.)

Please **email** requests to:
bob@aocwork.com