



Assistance On Call, Inc
The Dental Staffing Company

June 2024

July 2024

Su	Mo	Tu	We	Th	Fr	Sa
30	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	1	2	3

Doctor: _____

Practice: _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
26	27	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	1	2	3	4	5	6

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