

Accountability Agreement: Office Manager

I _____, understand that my responsibilities as a Office Manager include, but are not limited to the duties listed on the following documents:

1. Office Manager Coordinator Job Description
2. Office Manager Daily Checklist
3. Front Office Policies and Procedures, Scripts and Systems

Additionally I am aware of Capital Dental's core values as listed below and will strive to conduct myself in a manner consistent with these values:

Capital Dental Core Values:

- Fantastic guest experience
- Always be improving
- Hungry & Humbly confident
- Have each other's backs

Team Member Signature: _____ Date: _____

Practice Owner (CEO)

Signature: _____ Date: _____