



Business Personnel Services Inc.
Phone 816-356-7666
Fax 816-356-0904
Email Lauren@bpskc.com

Company Name _____
 Dept Supervisor _____
 Signature _____

Day /Time	IN	OUT	IN	OUT	TOTAL	Employee Name _____
Sunday						Employee Signature _____
Monday						
Tuesday						S.S.N _____
Wednesday						Assignment Complete? Yes _____ No _____
Thursday						
Friday						Available to Work? Yes _____ No _____
Saturday						
Week Ending				Total		

TYPE OR USE BALLPOINT PEN

Fax or scan and email completed time sheet to Business Personnel Services each Monday before 10AM
 Record hours as decimals. For example, 7 hours 15 minutes would be written as 7.25 hours
 All info at upper right of sheet is critical Company name, Department Supervisor (Printed), Signature of department supervisor, Employee name (your printed name), Employee Signature, Social Security (Last 4 Digits)



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