

BUSINESS STAFFING

1027 Hooper Avenue
Toms River, NJ 08753
732-473-9680
732-473-9624 FAX

Last First
Mail _____ Pickup _____

Assignment Completed

Yes No

Company

Address

I certify that the hours stated hereon are correct and that the work was performed satisfactorily.

Employee Signature Date

PLEASE SUBMIT TIMESHEET BY NOON ON MONDAY

	Date	Time Start	Time Finished	Less Lunch	Total Hours
MON					
TUE					
WED					
THU					
FRI					
SAT					
SUN					

Total hours worked: Regular _____ O.T. _____

Overtime rate is paid on hours worked over 40
A 4 hour minimum per day

I realize Business Staffing has expenses in maintaining a temporary payroll and that if we transfer one of their employees to our payroll before the completion of 20 weeks, we agree to their permanent placement fee schedule. I am an authorized company representative to confirm the hours stated above are correct and to authorize payment of same.

Company Authorized Signature (Print Name) Date

Hours Pay Bill

O.T. O.T. O.T.

If mail or pickup is not selected above, your paycheck will be held in our office and mailed Friday morning.