

BCS

Business Contract Solutions
 Tel (312) 893-5502
Fax (312) 893-5487
 125 S. Wacker Dr. – Suite # 301
 Chicago, IL 60606

PLEASE PRINT & FILL OUT ALL SECTIONS

NAME	JOB TITLE	PAY PERIOD ENDING (Saturday)
COMPANY & DEPARTMENT NAME	REPORTING MANAGER	TIMECARDS DUE BY 5:00 PM MONDAY

ATTENDANCE RECORD. Enter the hours worked for each day, excluding lunch.

	SUN.	MON.	TUES.	WED.	THURS.	FRI.	SAT.	TOTAL
REGULAR								
OVERTIME								

I certify that the information reported is correct.

STAFF MEMBER SIGNATURE	DATE
SUPERVISOR/ACCOUNT REPRESENTATIVE	PHONE NO. DATE

<u>TOTAL HOURS</u>
