

TIME SHEET

Bentley Staffing Inc.



EMPLOYEE NAME:	WEEK ENDING:
COMPANY ASSIGNED:	SUPERVISOR:

DATE	START TIME	MEAL BREAK IN	MEAL BREAK OUT	END TIME	TOTAL HOURS	PAYROLL USE REG/OT HOURS
SUNDAY						
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						

WEEKLY TOTALS

SUPERVISOR SIGNATURE:	DATE:
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