Building Service Inc. Time Sheet

Week Ending: _____ **Email Address:** _____

Employee Name: _____ **Employee Number**: _____

All information entered on this timesheet is accurate and complete: _____
Associate Signature

BSI has a "Zero Tolerance" policy regarding timesheet fraud. Any intentional inaccuracy will result in immediate dismissal.

Time and a Half: **-Bold-/Circle** ◯ 2nd Shift: ***-Italic-/Box*** ☐ 3rd Shift: -Underlined-/Triangle △

Project #	Job #	Project Name	Trade Code	Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	For Office Use Only S. Rate	Reg.	T/H	D/T
Daily Totals →														

Job Start Times:	Monday:	Wednesday:	Friday:
	Tuesday:	Thursday:	Saturday:

Project #	Hauling	Travel	City	Mileage/day	# Days	Total Amount	Project #	Expense [desc.]	Amount

Description of travel without specific city rate:

TRADE CODE		JOB # (use only as a guide - MUST check your incident report)	
C – Carpenter (circle if FMR)	**L** - Laborer	**2000**- Construction/Flooring	**4000** - Furniture
FL - Floor cover (circle if FMR)	**F** – Furniture/Service/Whse	**2050 –** Construction/Flooring Retail	**4050 –** Window Treatments
P- Painter(Circle if Taping)		**2200 –** Construction/Flooring North	**4100 –** Furniture North
T - Taper		**2150 –** Construction/Flooring Retail North	**4150 –** Window Treatments North

Time Sheets can be faxed 24 hours a day, 7 days a week to 414-375-1254 - No cover sheet is needed.
ALL time sheets must be in by 8:00 AM Monday mornings.
All INFORMATION MUST BE COMPLETE!!!