



**bp Floater Staffing Inc.**

DVPO 114, 1221 Canyon  
Meadows Drive SE Calgary, AB  
T2J 7A7.

Telephone: (403) 252-1987

Reg. Hours	Reg. Rate	Overtime	Ins. Earn.	<b>OFFICE COPY</b>							
Company				Day	Date MM DD YY	Start Time	Lunch Out In		Finish Time	Total Hours	
Authorized Signature				Sun.							
				Mon.							
I HEREBY CERTIFY THAT HOURS SHOWN ARE CORRECT AND THE WORK WAS PERFORMED IN A SATISFACTORY MANNER. SHOULD EMPLOYMENT BE OFFERED THIS INDIVIDUAL DIRECTLY, A PLACEMENT FEE MAY BE CHARGED.				Tues.							
				Wed.							
				Thurs.							
				Fri.							
Last Name First Name				Sat.							
Address				Back Next Week Yes <input type="checkbox"/> No <input type="checkbox"/>		Total Regular Hours					
				Cheque Mail <input type="checkbox"/> Hold <input type="checkbox"/>		Direct Deposit <input type="checkbox"/>		Total O/T			
City Postal Code				Employee Signature					Total Hours		

Reg. Hours	Reg. Rate	Overtime	Ins. Earn.	<b>YOUR COPY – RETURNED WITH YOUR CHEQUE/DEPOSIT INFORMATION</b>						
Company				Day	Date MM DD YY	Start Time	Lunch Out In		Finish Time	Total Hours
Authorized Signature				Sun.						
				Mon.						
I HEREBY CERTIFY THAT HOURS SHOWN ARE CORRECT AND THE WORK WAS PERFORMED IN A SATISFACTORY MANNER. SHOULD EMPLOYMENT BE OFFERED THIS INDIVIDUAL DIRECTLY, A PLACEMENT FEE MAY BE CHARGED.				Tues.						
				Wed.						
				Thurs.						
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Last Name First Name				Sat.						
Address				Back Next Week Yes <input type="checkbox"/> No <input type="checkbox"/>		Total Regular Hours				
				Cheque Mail <input type="checkbox"/> Hold <input type="checkbox"/>		Direct Deposit <input type="checkbox"/>		Total O/T		
City Postal Code				Employee Signature					Total Hours	

Reg. Hours	Reg. Rate	Overtime	Ins. Earn.	<b>CUSTOMER/ INVOICE COPY</b>						
Company				Day	Date MM DD YY	Start Time	Lunch Out In		Finish Time	Total Hours
Authorized Signature				Sun.						
				Mon.						
I HEREBY CERTIFY THAT HOURS SHOWN ARE CORRECT AND THE WORK WAS PERFORMED IN A SATISFACTORY MANNER. SHOULD EMPLOYMENT BE OFFERED THIS INDIVIDUAL DIRECTLY, A PLACEMENT FEE MAY BE CHARGED.				Tues.						
				Wed.						
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Last Name First Name				Sat.						
Address				Back Next Week Yes <input type="checkbox"/> No <input type="checkbox"/>		Total Regular Hours				
				Cheque Mail <input type="checkbox"/> Hold <input type="checkbox"/>		Direct Deposit <input type="checkbox"/>		Total O/T		
City Postal Code				Employee Signature					Total Hours	

Please complete all three copies: Top - office, Middle - your copy, Bottom - invoice copy