



# PIRATE STAFFING



## WORK TICKET

CUSTOMER CODE	COMPANY NAME	DATE	TIME	# OF WORKERS
JOB ORDER #	JOB SITE			
REPORT TO	SKILL CODE			
CONTACT PHONE #	WORK TICKET COMMENT / PO #			

**NOTICE:  
MINIMUM 4 HOURS  
PER PERSON**

EMPLOYEE NAME	FOR DAILY HOURS	WEEKLY HOURS							TOTAL HOURS	HARD HAT	BOOTS	GLOVES	OTHER EQUIPMENT	TRANS
		SAT	SUN	MON	TUE	WED	THU	FRI						

Do you need workers to return  Yes  No

Date \_\_\_\_\_ Time \_\_\_\_\_ # of workers \_\_\_\_\_

\_\_\_\_\_  
PRINT NAME AND TITLE

\_\_\_\_\_  
AUTHORIZED SIGNATURE

REORDER FROM: NETWORK BUSINESS PRODUCTS, INC. KANSAS CITY, MO 64030 816-767-9404 www.networkbp.net

