

BCRC: SERVICE STATEMENT 35 Mitchell Blvd. Suite 5A San Rafael CA 94903 FAX 415 444-5194 or 707 664-9687

FIRST half of the month, mail after work on the 15 th ; must be received by the 18 th . SECOND half of the month, mail after work on the 30/31 st ; must be received by the 3 rd	List Start & End times for any work periods, separated by a substantial break. Does not include rest breaks
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NAME: New address? _____ STREET	PHONE: CITY ZIP:
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MESSAGE TO BCRC:

MONTH/YR

Date (Circle)	STUDENT NAME	School/Site (Specify location)	Start Time	End Time	HRS	INIT	OFFICE USE ONLY
1 16							
2 17							
3 18							
4 19							
5 20							
6 21							
7 22							
8 23							
9 24							
10 25							
11 26							
12 27							
13 28							
14 29							
15 30							
31							
TOTAL	→ →	→	→	→			

I certify that the above is accurate and true. _____
Signature Date