Acrobat Outsourcing

Time Sheet

1425 Ellsworth Ind. Blvd. Suite B2
Atlanta, GA. 30318
PHONE: 404-806-7722
FAX: 404-806-7601

CLIENT NAME: St. Jude Recovery Center
LOCATION:
ADDRESS: 95 Renaissance Pkwy NE
CITY: Atlanta STATE: GA ZIP:
REPORTING TO: Keven Berry DEPT:
DRAKE STAFFING EXECUTIVE: CONTACT NUMBER:

5 = HIGHEST 1 = LOWEST

	EMPLOYEE NAME (Please Print)	LAST 4 OF SS#	DATE WORKED	START TIME	END TIME	ALL BREAKS	TOTAL HOURS	ATTITUDE 5 4 3 2 1	APTITUDE 5 4 3 2 1	APPEARANCE 5 4 3 2 1	EMPLOYEE SIGNATURE
1	Samuel Finney	3643	10/9	11 Am	7 pm	30	7½				
2	Samuel Finney	3643	10/10	11 Am	7 pm	30	7½				
3	Samuel Finney	3643	10/11	11 Am	6:30 pm	30	7				
4	Sam Finney	3643	10/12	9:30 Am	6:30 pm	30	9½				
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
	TOTAL HOURS:					31.50					

CLIENT NAME (Please Print)	CLIENT SIGNATURE	DATE	TIME

This client signature acknowledges that the following hours are correct and that it is understood there will be a 4 hour minimum per associate assigned to the Time Sheet that has been signed in at the appropriate start time.