Acrobat Outsourcing

251755

Time Sheet

1425 Ellsworth Ind. Blvd. Suite 22
Atlanta, GA. 30318
PHONE: 404-806-7722
FAX: 404-806-7601

CLIENT NAME: Saint Jude Recovery Center
LOCATION:
ADDRESS: 95 Ressarsane Parkway NE
CITY: Atlanta STATE: GA ZIP: 30818
REPORTING TO: Kevin 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 Finnie	3643	Mon 10/15	9 Am	6:30 pm	30	9				
2	Samuel Finnie	3643	Tue 10/16	9 Am	6:30 pm	30	9				
3	Samuel Finnie	3643	Wed 10/17	10:30 Am	6:30	30	7.5				
4	Samuel Finnie	3643	Thur 10/18	11 Am	6:30	30	7				
5	Samuel Finnie	3643	Sat 10/20	10 Am	6:30	30	8.5				
6	Samuel Finnie	3643	Sun 10/21	11 Am	6:30	30	7				
7											
8											
9											
10											
11											
12											
13											
14											
15						47.	00				

TOTAL HOURS: ~~48.50~~ 46

CLIENT NAME (Please Print)	CLIENT SIGNATURE	DATE	TIME
Kevin Berry		10/23/18	

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.