Acrobat Outsourcing

252968

Time Sheet

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

CLIENT NAME
LOCATION
ADDRESS
CITY | STATE | ZIP
REPORTING TO | DEPT
DRAKE STAFFING EXECUTIVE | CONTACT NUMBER

YEAR 2018

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	Keisha Johnson	1051	10/29 Mon	9:15a	6:15p	30min	9				Keisha Johnson
2	Keisha Johnson	1051	10/30 Tue	12:30p	6:30p	30min	6				Keisha Johnson
3	Keisha Johnson	1051	10/31 Wed	12:00	6:00p	30min	5.3/2				Keisha Johnson
4	Keisha Johnson	1051	11/01/18 Thur	12:30	6:30p	30min	5½				Keisha Johnson
5	Keisha Johnson	1051	11/03 Sat.	9:15a	6:15p	30min	9				Keisha Johnson
6	Keisha Johnson	1051	11/04/18 Sun.	9:00a	5:30p	30min	8				Keisha Johnson
7											
8											
9											
10											
11											
12											
13											
14											
15											

TOTAL HOURS: 43

CLIENT NAME (Please Print)	CLIENT SIGNATURE	DATE	TIME
Kevin [illegible]	[illegible]		

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.