Acrobat Outsourcing

Time Sheet

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

CLIENT NAME: ATlanta united.
LOCATION:
ADDRESS:
CITY: STATE: ZIP:
REPORTING TO: DEPT:
DRAKE STAFFING EXECUTIVE: CONTACT NUMBER:

611 Cook

5 = HIGHEST 1 = LOWEST

	EMPLOYEE NAME (Please Print)	LAST 4 OF SS#	DATE WORKED	START TIME	END TIME	ALL BREAKS	TOTAL HOURS	ATTITUDE 54321	APTITUDE 54321	APPEARANCE 54321	EMPLOYEE SIGNATURE
1	Rickeyah Tacoa	6251	10-5	7:00	3:00						RT
2			16	7:00	3:00						RT
3			17	7	3:00						RT
4			18	7	3:30						RT
5			19	7	3:00						RT
6			20	7	4:30						RT
7											
8											
9											
10											
11											
12											
13											
14											
15											

TOTAL HOURS:

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.