DRAKE STAFFING
NOBODY WORKS HARDER

10/26/18

Time Sheet

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

2033 Monroe Dr., Suite E
Atlanta, GA 30324
PHONE: 404-806-7722
FAX: 404-806-7601
www.drakestaffing.net

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	Ammari Koonce	7092	10/26	9AM	2:30pm	30	8 1/2				
2											
3											
4											
5											
6											
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.