

St Jude

Acrobat
Outsourcing

Time Sheet

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

CLIENT NAME: Chalk Jude Recovery Ctr.
LOCATION: _____
ADDRESS: 45 Reservoir Drive N.E.
CITY: Atlanta STATE: GA ZIP: _____
REPORTING TO: Kevin Berry DEPT: _____
DRAKE STAFFING EXECUTIVE: _____ CONTACT NUMBER: _____

EMPLOYEE NAME (Please Print)	LAST 4 OF SS#	DATE WORKED	START TIME	END TIME	ALL BREAKS	TOTAL HOURS	5 = HIGHEST		1 = LOWEST		EMPLOYEE SIGNATURE
							ATTITUDE 54321	APTITUDE 54321	APPEARANCE 54321		
1 Samuel Finnie	3643		10:00	6:30	30	8					<i>Sam Finnie</i>
2 Samuel Finnie	3643		10:00	6:30	30	8					<i>Sam Finnie</i>
3 Samuel Finnie	3643		10:00	6:30	30	8					<i>Sam Finnie</i>
4 Samuel Finnie	3643		6:45	6:30	30	11:25					<i>Sam Finnie</i>
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											

TOTAL HOURS: 35.25

CLIENT NAME (Please Print): Kevin Berry CLIENT SIGNATURE: *Kevin Berry* DATE: 10/24/18
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.