Acrobat Outsourcing

Time Sheet

1425 Ellsworth Ind. Blvd. Suite B2
Atlanta, GA. 30318
PHONE: 404-806-7722
FAX: 404-806-7601

CLIENT NAME: Saint Jude Recovery Ctr.
LOCATION:
ADDRESS: 95 Renesiance Pkway N.E.
CITY: Atlanta STATE: GA ZIP: 30318
REPORTING TO: Kevin Barry 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	11/6/18	10:30	6:30	30	7½				Samuel Finnie
2	Samuel Finnie	3643	11/7/18	10:00	6:30	30	7½				Samuel Finnie
3	Samuel Finnie	3643	11/9/18	10:00	6:30	30	8				Samuel Finnie
4	Samuel Finnie	3643	11/19/18	9AM	6:30	30	9				Samuel Finnie
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
	TOTAL HOURS:					32.00					

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.

Acrobat Outsourcing

Time Sheet

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

CLIENT NAME: St. Jude's Recovery
LOCATION: ATL
ADDRESS: 95 Renaissance Pkway N.E.
CITY: Atlanta STATE: GA ZIP: 30318
REPORTING TO: Kevin Bert 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	Keisha Johnson	1051	11/6	12:15	6:45	30	6.00				
2	Keisha Johnson	1051	11/7	12:15	6:30	30	5.75				
3	Keisha Johnson	1051	11/8	12:00	7:00	30	6.50				
4	Keisha Johnson	1051	11/9	9:00	6:30	30	9.00				
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
			TOTAL HOURS:				27.25				

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.