Acrobat Outsourcing

# Time Sheet

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

CLIENT NAME: Keisha Johnson
LOCATION: St Jude's Recovery
ADDRESS: 1460 Almq st
CITY: Atlanta STATE: GA ZIP: 30318
REPORTING TO: Kevin 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 | 11/12 | 9am | 5pm | 30 | 7.5 | | | | |
| 2 | Keisha Johnson | 1051 | 11/13 | Noon | 6 pm | 30 | 5.5 | | | | |
| 3 | Keisha Johnson | 1051 | 11/14 | noon | 6 pm | 30 | 5.5 | | | | |
| 4 | Keisha Johnson | 1051 | 11/15 | noon | 6 pm | 30 | 5.5 | | | | |
| 5 | Keisha Johnson | 1051 | 11/17 | 9am | 5pm | 30 | 7.5 | | | | |
| 6 | Keisha Johnson | 1051 | 11/18 | 9am | 5pm | 30 | 7.5 | | | | |
| 7 | | | | | | | | | | | |
| 8 | | | | | | | | | | | |
| 9 | | | | | | | | | | | |
| 10 | | | | | | | | | | | |
| 11 | | | | | | | | | | | |
| 12 | | | | | | | | | | | |
| 13 | | | | | | | | | | | |
| 14 | | | | | | | | | | | |
| 15 | | | | | | | | | | | |

TOTAL HOURS: 39

| CLIENT NAME (Please Print) | CLIENT SIGNATURE | DATE | TIME |
|---|---|---|---|
| Kevin Berry | K Berry | | |

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

CLIENT NAME: Saint Jude Recovery Ctr.
LOCATION:
ADDRESS: 95 Renaissance Pkwy N.E.
CITY: Atlanta STATE: GA. ZIP: 38108
REPORTING TO: Kevin Barr DEPT:
DRAKE STAFFING EXECUTIVE: Cathey CONTACT NUMBER:

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

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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| MON | 1 | SAMUEL FINNIE | 3643 | 11-11-18 | 10 AM | 7:30 PM | 30 | 9 | | | | |
| TUES | 2 | SAMUEL FINNIE | 3643 | 11-12-18 | 10 AM | 6:30 PM | 30 | 8 | | | | |
| WED | 3 | SAMUEL FINNIE | 3643 | 11-13-18 | 10 AM | 6:30 | 30 | 8 | | | | |
| THU | 4 | SAMUEL FINNIE | 3643 | 11-14-18 | 10 AM | 6:30 | 30 | 8 | | | | |
| SAT | 5 | SAMUEL FINNIE | 3643 | 11-16-18 | 9 AM | 5:30 | 30 | 8½ | | | | |
| SUN | 6 | SAMUEL FINNIE | 3643 | 11-17-18 | 10 AM | 6:30 | 30 | 8 | | | | |
| | 7 | | | | | | | | | | | |
| | 8 | | | | | | | | | | | |
| | 9 | | | | | | | | | | | |
| | 10 | | | | | | | | | | | |
| | 11 | | | | | | | | | | | |
| | 12 | | | | | | | | | | | |
| | 13 | | | | | | | | | | | |
| | 14 | | | | | | | | | | | |
| | 15 | | | | | | | | | | | |
| | | TOTAL HOURS: | | | | | 49.50 | | | | | |

| 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.