

Atlanta Confidential 256428

Acrobat Outsourcing

Time Sheet

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

CLIENT NAME

LOCATION

ADDRESS

CITY

REPORTING TO

DRAKE STAFFING EXECUTIVE

STATE

DEPT

CONTACT NUMBER

ZIP

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	APPEARANCE 5 4 3 2 1	EMPLOYEE SIGNATURE
1 Rudolph									
2 Rudolph	6251	10-30	1:00	8:30		7 1/2			Rudolph
3		10-31	7:00	3:00		8			
4		11-1	7:00	3:00		8			
5		11-2	7:30	3:00		8 1/2			
6		11-3	7:00	3:30		8 1/2			
7									
8									
9									
10									
11									
12									
13									
14									
15									

TOTAL HOURS:

38 1/2

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.

CLIENT NAME (Please Print)

CLIENT SIGNATURE

DATE

TIME