257530

Acrobat Outsourcing

Time Sheet

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

CLIENT NAME: St. Jude Recovery Center
LOCATION:
ADDRESS: 95 Renaissance Pkwy N.E
CITY: Atlanta STATE: GA. ZIP: 38108
REPORTING TO: Keven Berry DEPT:
DRAKE STAFFING EXECUTIVE: Catherine 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
MON 1	Samuel Finnie	3643	11/26/18	12 Noon	6:30	30	6				Samuel Finnie
TUES 2	Samuel Finnie	3643	11/27/18	8:30	6:30	30	9½				Samuel Finnie
WED 3	Samuel Finnie	3643	11/28/18	9:30	6:30	30	8½				Samuel Finnie
THUR 4	Samuel Finnie	3643	11/29/18	10 AM	6:30	30	8				Samuel Finnie
SAT 5	Samuel Finnie	3643	12/1/18	8:30	6:00	30	9				Samuel Finnie
SUN 6	Samuel Finnie	3643	12/2/18	9:30	6:30	30	8½				Samuel Finnie
7											
8											
9											
10											
11											
12											
13											
14											
15											
	TOTAL HOURS:						49½				

CLIENT NAME (Please Print)	CLIENT SIGNATURE	DATE	TIME
Keven Berry	Keven 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.