Acrobat Outsourcing

258515

Time Sheet

CLIENT NAME: St. Jude Recovery Center
LOCATION:
ADDRESS: 95 Renaissance Pkwy NE
CITY: Atlanta STATE: GA ZIP: 38108
REPORTING TO: Kevin Berry DEPT:
DRAKE STAFFING EXECUTIVE: Catherine 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
1	Samuel Finnie	3643	12-4	10:30	6:30	30	7½				Samuel Finnie
2	Samuel Finnie	3643	12-5	10:30	7pm	30	8				Samuel Finnie
3	Samuel Finnie	3643	12-7	9am	6:30	30	9				Samuel Finnie
4	Samuel Finnie	3643	12-9	9am	6:00	30	8½				Samuel Finnie
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
	TOTAL HOURS:					33 hrs					

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