Acrobat Outsourcing

Week Ending, Sunday Dec. 16, 2018

259558 V PS

Time Sheet

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

CLIENT NAME: St. Jude Recovery Ctr.
LOCATION:
ADDRESS: 95 Renaissance Pkwy. N.E.
CITY: Atlanta STATE: GA. ZIP: 30308
REPORTING TO: Kevin 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
10 MON 1	Samuel Finnie	3643	12/10	9 A.M.	6:30	30	9				Samuel Finnie
11 TUES 2	Samuel Finnie	3643	12/11	10:30	6:30	30	7½				Samuel Finnie
12 WED 3	Samuel Finnie	3643	12/12	10:30	6:30	30	7½				Samuel Finnie
13 THU 4	Samuel Finnie	3643	12/13	10:30	6:30	30	7½				Samuel Finnie
15 SAT 5	Samuel Finnie	3643	12/15	9:30	6:30	30	8½				Samuel Finnie
16 SUN 6	Samuel Finnie	3643	12/16	10:30	7:00	30	8				Samuel Finnie
7											
8											
9											
10											
11											
12											
13											
14											
15											
	TOTAL HOURS:						48 Hrs				

CLIENT NAME (Please Print)	CLIENT SIGNATURE	DATE	TIME
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.

Acrobat Outsourcing

Time Sheet

CLIENT NAME: St Judes Recovery
LOCATION:
ADDRESS: 1650 Almost
CITY: Atlanta STATE: GA. ZIP: 3038
REPORTING TO: DEPT:
DRAKE STAFFING EXECUTIVE: CONTACT NUMBER:

1425 Ellsworth Ind. Blvd. Suite B2
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 54321	APTITUDE 54321	APPEARANCE 54321	EMPLOYEE SIGNATURE
1	Keisha Johnson	1051	12/15/13	10:00am	7:00pm		9				Keisha Johnson
2	Keisha Johnson	1051	12/16/13	9:15am	7:00pm	30	9.75				Keisha Johnson
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
	TOTAL HOURS:					18.75					

CLIENT NAME (Please Print)	CLIENT SIGNATURE	DATE	TIME
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.