260476

Acrobat Outsourcing

Time Sheet

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

CLIENT NAME: St Judes Recovery
LOCATION:
ADDRESS: 1650 Alma St
CITY: Atlanta STATE: GA ZIP: 30318
REPORTING TO: Keven Berry DEPT:
DRAKE STAFFING EXECUTIVE: Cathy 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	12/17	9am	630pm	30	9				Keisha Johnson
2	Keisha Johnson	1051	12/18	10am	745pm	30	9.25				Keisha Johnson
3	Keisha Johnson	1051	12/20	9am	730	30	10				Keisha Johnson
4	Keisha Johnson	1051	12/22	1015am	830	30	9.75				Keisha Johnson
5	Keisha Johnson	1051	12/23	915am	830pm	30	10.75				Keisha Johnson
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
			TOTAL HOURS:				48.75				

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.

CRM

Acrobat Outsourcing

WEEK ending Sunday Dec. 23, 2018 260476

Time Sheet

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

CLIENT NAME: SAINT Jude Recovery Center
LOCATION:
ADDRESS: 95 RENISANCE PKWY N.E.
CITY: ATLANTA STATE: GA ZIP: 38108
REPORTING TO: Kevin Barry 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 54321	APTITUDE 54321	APPEARANCE 54321	EMPLOYEE SIGNATURE
Tue 1	Samuel Finnie	3643	12/18	9:30	6:30	30	8½				Samuel Finnie
Wed 2	Samuel Finnie	3643	12/19	10:00	6:30	30	8				Samuel Finnie
Thurs 3	Samuel Finnie	3643	12/20	10:30	6:30	30	7½				Samuel Finnie
Fri 4	Samuel Finnie	3643	12/21	9AM.	6:00	30	8½				Samuel Finnie
SAT 6	Samuel Finnie	3643	12/22	9AM.	6:00	30	8½				Samuel Finnie
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
				TOTAL HOURS:		4	41 Hrs				

CLIENT NAME (Please Print)	CLIENT SIGNATURE	DATE	TIME
Kevin Barry	Kevin Barry		

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.