Acrobat Outsourcing

261863

Time Sheet

CLIENT NAME: St. Judes Recovery
LOCATION: FCC
ADDRESS: 1650 Alma St
CITY: Atl. STATE: GA. ZIP: 30318
REPORTING TO:
DEPT:
DRAKE STAFFING EXECUTIVE:
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 54321	APTITUDE 54321	APPEARANCE 54321	EMPLOYEE SIGNATURE
1	Keisha Johnson	1051	12/24	9:15	5:30	30	7.75				Keisha Johnson
2	Keisha Johnson	1051	12/25	9:00	5:15	30	7.75				Keisha Johnson
3	Keisha Johnson	1051	12/28	11:30	7:15	30	7.15				Keisha Johnson
4	Keisha Johnson	1051	12/29	10:15	6:15	30	7.5				Keisha Johnson
5	Keisha Johnson	1051	12/30	9:15	5:45	30	8				Keisha Johnson
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
	TOTAL HOURS:						38.15				

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.

Acrobat Outsourcing

2/6/13

Time Sheet

1425 Ellsworth Ind. Blvd. Suite B2
Atlanta, GA. 30318
PHONE: 404-806-7722
FAX: 404-806-7601

CLIENT NAME: St. Jude Recovery Center
LOCATION:
ADDRESS: 95 Renaissance Parkway NE
CITY: Atlanta STATE: GA. ZIP:
REPORTING TO: Kevin Berry DEPT: Food Service
DRAKE STAFFING EXECUTIVE: Catherine CONTACT NUMBER: 404-806-7722

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	12/24	9 Am	6:30	30	9				Samuel Finnie
Tues	2	Samuel Finnie	3643	12/25	8:00	6:30	30	9½				Samuel Finnie
Wed	3	Samuel Finnie	3643	12/26	10:30	6:30	30	7½				Samuel Finnie
Thurs	4	Samuel Finnie	3643	12/27	10 Am	6:30	30	8				Samuel Finnie
Sat	5	Samuel Finnie	3643	12/29	9:00	6:30	30	8				Samuel Finnie
Sun	6	Samuel Finnie	3643	12/30	8:30	5:30	30	8½				Samuel Finnie
	7											
	8											
	9											
	10											
	11											
	12											
	13											
	14											
	15											
		TOTAL HOURS:					50.50					

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

11 x 40 = 440.00 = $ 613.25