Acrobat Outsourcing

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 Renaissance Parkway NE
CITY: Atlanta STATE: GA ZIP:
REPORTING TO: Kevin Sat DEPT: Food Service
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
1	Samuel Finnie	3643	11/19	9:30	4:00	30	8				
2	Samuel Finnie	3643	12/19	10:00	6:30	30	8½				
3	Samuel Finnie	3643	4/19	9 a.m.	6:30	30	8½				
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											

TOTAL HOURS: 25 hours

CLIENT NAME (Please Print)	CLIENT SIGNATURE	DATE	TIME
K 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

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: K. Berry DEPT: Food Service
DRAKE STAFFING EXECUTIVE: 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	1/1/19	9:00	5:15	30	7.75				Keisha Johnson
2	Keisha Johnson	1051	1/3/19	9:00	5:15	30	7.75				Keisha Johnson
3	Keisha Johnson	1051	1/4/19	10:30	6:15	30	7.25				Keisha Johnson
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
	TOTAL HOURS:					22.75					

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.