Acrobat Outsourcing

CLIENT NAME: St. Jude Recovery Center
LOCATION:
ADDRESS: 95 Pennsylvania Ave
CITY: Atlanta STATE: GA ZIP: 30315
REPORTING TO: Kevin Barry DEPT: Food Service
DRAKE STAFFING EXECUTIVE: Catherine CONTACT NUMBER:

Time Sheet

1425 Ellsworth Ind. Blvd. Suite 27
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
Mon	1 Samuel Finnie	3643	1/7/19	9 AM	6:30	30	9				Samuel Finnie
Tues	2 Samuel Finnie	3643	1/8/19	9:30	6:30	30	8 1/2				Samuel Finnie
Wed	3 Samuel Finnie	3643	1/9/19	10:30	6:30	30	7 1/2				Samuel Finnie
Thur	4 Samuel Finnie	3643	1/10/19	9:30	6:30	30	8 1/2				Samuel Finnie
Sat	6 Samuel Finnie	3643	1/12/19	9:30	6:00	30	8				Samuel Finnie
Sun	6 Samuel Finnie	3643	1/13/19	10:30	6:00	30	7 1/2				Samuel Finnie
	7										
	8										
	9										
	10										
	11										
	12										
	13										
	14										
	15										
	TOTAL HOURS:						48.50				

CLIENT NAME (Please Print)	CLIENT SIGNATURE	DATE	TIME

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.

Reg - 40 hrs Times $11.00 = $440.00 = $580.25
O.T. 8.50 hrs Times $16.50 = 140.25

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: 1650 Alma St
ADDRESS:
CITY: Atlanta STATE: GA ZIP: 30318
REPORTING TO: 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 54321	APTITUDE 54321	APPEARANCE 54321	EMPLOYEE SIGNATURE
1	Keisha Johnson	1051	1/7/19	9:15	6:30	30	8.75				Keisha Johnson
2	Keisha Johnson	1051	1/9/19	9:15	6:00	30	8.25				Keisha Johnson
3	Keisha Johnson	1051	1/11/19	9:00	7:00	30	9.5				Keisha Johnson
4	Keisha Johnson	1051	1/12/19	9:00	6:45	30	9.25				Keisha Johnson
5	Keisha Johnson	1051	1/13/19	9:15	6:15	30	8.5				Keisha Johnson
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
			TOTAL HOURS:			44.25					

CLIENT NAME (Please Print)	CLIENT SIGNATURE	DATE	TIME
Kelvin 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.