263135

ADDRESS: 75 Kennestone Parkway NE
CITY: Atlanta STATE: GA ZIP:
REPORTING TO: Kevin Berry DEPT: Front Service
DRAKE STAFFING EXECUTIVE: Catherine CONTACT NUMBER: 404-806 7722

Inc
Atlant
PHO
FA

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	
1	Samuel Finne		1/15/19	10:00	6:00	30	7½				
2	Samuel Finne		1/16/19	10:00	6:30	30	8				
3	Samuel Finne		1/17/19	10:00	6:30	30	8				
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											

TOTAL HOURS: 23.50

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

This client signature acknowledges that the following hours e
it is understood there will be a 4 hour minimum per associat
Time Sheet that has been signed in at the appropriate

CITY: Atl. STATE: GA ZIP: 303[illegible] Atlant

REPORTING TO: DEPT: PHO

263135 DRAKE STAFFING EXECUTIVE: CONTACT NUMBER: FA

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	
1	Keisha Johnson	1057	1/15/19	9:15	5:15	30	7.5				Kei
2	Keisha Johnson	1057	1/16/19	9:00	5:00	30	7.5				Keish
3	Keisha Johnson	1057	1/17/19	9:10	5:15	30	7.5				Keis
4	Keisha Johnson	1057	1/18/19	9:00	5:00	30	7.5				Kei
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
				TOTAL HOURS:			30 hrs				

CLIENT NAME (Please Print)	CLIENT SIGNATURE	DATE	TIME
Keen Berry	Ken Berry	1/23/19	

This client signature acknowledges that the following hours
it is understood there will be a 4 hour minimum per associ
Time Sheet that has been signed in at the appropria