

263732

## Support Staff Individual Sign In Sheet for Acrobat (Drake) Staffing ONLY

Team Member Name Printed: CEORIC FORDTeam Member Signature: Team Member Position: SUPERVISOR

Day	Date	Time In	Break Out	Break Return	Time Out		Team Member Initial
Monday			30 Minutes				
Tuesday			30 Minutes				
Wednesday			30 Minutes				
Thursday	1/17	9:20	30 Minutes		1 pm	4	C. Jones
Friday			30 Minutes				
Saturday			30 Minutes				
Sunday			30 Minutes				
*** DO NOT FILL IN TOTAL HOURS DAILY OR TOTAL HOURS FOR THE WEEK***						4	

Requisition Number: \_\_\_\_\_

Manager Print Name: \_\_\_\_\_

Manager Sign Name: \_\_\_\_\_