Acrobat Outsourcing

2/4/520 ✓

Time Sheet

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

CLIENT NAME: ST. JUDES
LOCATION:
ADDRESS:
CITY: STATE: ZIP:
REPORTING TO: DEPT:
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 L. Johnson	1051	01/28/19	9:10a	5:38p	30	8	✓			Keisha Johnson
2	Keisha L. Johnson	1051	01/29/19	OFF	OFF						Keisha Johnson
3	"	1051	01/30/19	9:00a	5:00p	30	7.5	✓			Keisha Johnson
4	"	1051	01/31/19	9:00a	5:00p	30	7.5	✓			Keisha Johnson
5	"	1051	02/01/19	9:15a	5:15p	30	7.5	✓			Keisha Johnson
6	~~"~~	~~1051~~	~~02/02/19~~	~~OFF~~	~~OFF~~						~~Keisha Johnson~~
7	"	1051	02/03/19	OFF	OFF						
8											
9											
10											
11											
12											
13											
14											
15											
	TOTAL HOURS:					30.5					

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.