Acrobat Outsourcing

265294

Time Sheet

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

CLIENT NAME: St. Jude's Recovery
LOCATION: 1650 Alma St.
ADDRESS:
CITY: Atlanta STATE: GA ZIP: 30318
REPORTING TO: Keven 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	2/4/19	9:35	5:15	30	7.17	✓			Keisha Johnson
2	Keisha Johnson	1051	2/5/19	9:00	5:00	30	7.5	✓			Keisha Johnson
3	Keisha Johnson	1051	2/6/19	9:15	5:15	30	7.5	✓			Keisha Johnson
4	Keisha Johnson	1051	2/9/19	9:00	5:00	30	7.5	✓			Keisha Johnson
5	Keisha Johnson	1051	2/10/19	9:10	5:00	30	7.33	✓			Keisha Johnson
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											

TOTAL HOURS: 37

CLIENT NAME (Please Print)	CLIENT SIGNATURE	DATE	TIME	
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.

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: 95 Renaissance Parkway NE
ADDRESS:
CITY: Atlanta STATE: GA ZIP:
REPORTING TO: Kevin Barry DEPT: Food Service
DRAKE STAFFING EXECUTIVE: Catharine CONTACT NUMBER: 404-506-9922

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	2/4/19	9am	6:30	30	9	✓			Samuel Finnie
Tues 2	Samuel Finnie	3643	2/5/19	10:30	6:30	30	7½	✓			Samuel Finnie
Wed 3	Samuel Finnie	3643	2/6/19	10:30	6:30	30	7½	✓			Samuel Finnie
Thurs 4	Samuel Finnie	3643	2/7/19	9am	6:00	30	8½	✓			Samuel Finnie
SAT 5	Samuel Finnie	3643	2/9/19	9AM	6:00	30	8½	✓			Samuel Finnie
SUN 6	Samuel Finnie	3643	2/10/19	9AM	6:00	30	8½	✓			Samuel Finnie
7											
8											
9											
10											
11											
12											
13											
14											
15											
	TOTAL HOURS:					49,50					

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.