



Thank you for ordering from Acrobat Outsourcing.
Below are the employees we have scheduled for your upcoming job.
Your invoice will be based on the hours reported on this time slip.
Please ensure all employees sign in and out on this sheet and you sign the bottom confirming the hours.
Once this job is completed please click the link in the email that was sent with this time slip.
You can also go to www.taborca.net/hours and enter the Job ID that is listed below.
From there please confirm the hours worked and make any adjustments necessary.
Once all hours have been electronically submitted, you may choose to print an invoice directly from our site or wait to receive an invoice via email.
ALL COMPLETED TIME SLIPS SHOULD BE SUBMITTED BY THE NEXT DAY.

FOR ANY STAFFING EMERGENCIES, PLEASE CALL OUR 24 HOUR NUMBER AT (800) 236-2276 ext. 2207

All injuries, regardless of severity, must be reported to an Acrobat Manager. Additionally, employees must call 1-800-252-5275 and provide the Acrobat code: 981100 to complete a report.

KS

To: OVERLAND PARK REGIONAL MEDICAL C - Patrick
patrick.naime@hcsmidwest.com Colby.Mallory@hcamidwest.com

JobID: 275069 Dish/ Utility

	Date	Employee	Position	Report Time	Time In	Break Start	Break End	Time Out	Total Hrs	Rating	Initial
1	4/29/2019	Pouncil, Daevion	Dish/Utility	1:00 PM	104	---	---	8:20			
2	4/30/2019	Pouncil, Daevion	Dish/Utility	1:00 PM	105	---	---	8:36			
3	5/1/2019	Pouncil, Daevion	Dish/Utility	1:00 PM	102	---	---	8:38			
4	5/2/2019	Pouncil, Daevion	Dish/Utility	1:00 PM	102	---	---	8:05			
5	5/3/2019	Pouncil, Daevion	Dish/Utility	1:00 PM	120	---	---	5:00			

Client Approval Signature_____

ACROBAT:

Client Name:

Overland Park Regional Medical Center

Report to:

Executive Chef - Patrick Naime

Location/Project:

Please contact the office if you would like an employee to return

EMPLOYEE NAME									TOTAL
		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	
1 Devion Rand	IN 1:04 OUT 8:26	1:05 8:26	1:07 8:13	1:02 8:05	1:20 5:00 To go				
2	IN OUT								
3	IN OUT								
4	IN OUT								
5	IN OUT								
6	IN OUT								
7	IN OUT								
8	IN OUT								
9	IN OUT								
10	IN OUT								

Please remember by signing below you agree to the client terms and conditions on reverse

Description of Work: _____

Signed/Authorized by: _____ Title: _____

Print Name Please: _____

TOTAL REGULAR HOURS-

TOTAL OVERTIME HOURS-

TOTAL HOURS-

THANK YOU FOR YOUR BUSINESS!