

ACROBAT:

Client Name: Overland Park Regional Medical Center

Report to: Executive Chef - Patrick Nalime

Location/Project: _____

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

EMPLOYEE NAME						5-25	5-26	TOTAL
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	
1 Brittany James	IN					1:00	1:00	
	OUT					9:00	8:00	
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

TOTAL REGULAR HOURS- _____

TOTAL OVERTIME HOURS- _____

Signed/Authorized by: _____

Title: _____

Print Name Please: _____

THANK YOU FOR YOUR BUSINESS!