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Acrobat Outsourcing

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NAME _____

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TITLE

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DATE _____

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PHONE

404-806-7722

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FAX

404-806-7601

CLIENT NAME		PROOF OF PERFORMANCE & TIME SHEET																
DEPARTMENT		DATE		TOTAL HR		BREAK		PROMPTNESS		APPEARANCE		PERFORMANCE		ATTITUDE		R/NR		
REPORT TO		DAY		TIME														
NAME	SIGNATURE	IN	OUT	BREAK	TOTAL HR	PROMPTNESS	APPEARANCE	PERFORMANCE	ATTITUDE	R/NR								
Harlem Anteburn	[Signature]	8:00am	5:10pm	30	4.83													
Shanika Clarke	[Signature]	2:00pm	6:50pm		4.83													
Mia Simon	[Signature]	2:00pm	6:50pm		4.83													
Fred Anderson	[Signature]	2:00pm	6:30pm		4.5													
ADMIN BURNETT	[Signature]	2:00pm	6:30pm		4.5													
ROBBY MURPHY	[Signature]	2:00pm	6:30pm		4.5													
LARRY GULLORY	[Signature]	2:00pm	6:30pm		4.5													
VICKI HUBBARD	[Signature]	3:00pm	6:50pm		3.5													
CARSA MATSIS	[Signature]	6:45pm	3:00pm		8.25													
ANTONIA VICKER	[Signature]	4:30	10:00		5.5													
GRESON WILLIAMS	[Signature]	4:30	9:30	NO	5													
MURPHY BOPE	[Signature]	4:30	10:00		5.5													

I certify that the server(s) successfully completed the amount of time stated above and is entitled to full pay for the services rendered to us

COMMENTS

SIGNATURE: [Signature] NAME: Bob F. TITLE: GM DATE: 10/19/18

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COOK

404-806-7601

11/4/93

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