

FAX

404-806-7601

Acrobat Outsourcing

[illegible]

SIGNATURE	NAME	TITLE	DATE
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Time Sheet

2033 Monroe Dr., Suite E

Atlanta, GA 30324

PHONE: 404-806-7722

FAX: 404-806-7601

www.drakestaffing.net

CLIENT NAME Acrobat

LOCATION

ADDRESS

CITY

STATE

DEPT

ZIP

REPORTING TO

DRAKE STAFFING EXECUTIVE

CONTACT NUMBER

EMPLOYEE NAME (Please Print)	LAST 4 OF SS#	DATE WORKED	START TIME	END TIME	ALL BREAKS	TOTAL HOURS	5 = HIGHEST		1 = LOWEST	
							ATTITUDE	APTITUDE	APPEARANCE	
1 Ammar Kone	7092	10/15	10:17A	7:30pm	30	BAR 12	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1	
2 Keyanna Fowler		10/15	12:00pm	7:00pm	30	BAR 12				
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										

TOTAL HOURS:

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.

PHONE

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PROOF OF PERFORMANCE & TIME SHEET											
CLIENT NAME DEPARTMENT REPORT TO	NAME	SIGNATURE	IN	OUT	BREAK	TOTAL HR	PROMPTNESS	APPEARANCE	PERFORMANCE		
									ATTITUDE	R/NR	Repeat
DATE		10/16/2018		DAY		Tuesday		TIME			
Randee Williams	Williams	<i>[Signature]</i>	07:00	3:30	30			Cashier			
Headline Zafar	Zafar	<i>[Signature]</i>	7:00	1:30	30min			Cashier			
James Johnson	Johnson	<i>[Signature]</i>	7:00	4:30	30min			Cashier			
William Johnson	Johnson	<i>[Signature]</i>	7:00	3:30	30min			Cashier			
Danthony Elliott	Elliott	<i>[Signature]</i>	9:15	6:45	30			Dish			
Bernard Phillips	Phillips	<i>[Signature]</i>	10:00	6:30	30			Dish			
Leah Brown	Brown	<i>[Signature]</i>	12:00	12:28				Dish			
Eddie Johnson	Johnson	<i>[Signature]</i>	12:00	8:30	30min			Dish			
Larry Jennings	Jennings	<i>[Signature]</i>	12:00	8:30	30min			Dish			
James Coley	Coley	<i>[Signature]</i>	12:00	4:22	30			Dish			
TO BE COMPLETED BY CLIENT											
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											

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							ATTITUDE	APTITUDE	APPEARANCE	SIGNATURE
1 Keyanna Fowler							5 4 3 2 1	5 4 3 2 1	5 4 3 2 1	
2 Annmarie Koonce 7092	10/16	12:00pm	7:35pm	7:35pm	30	30	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1	Keyanna Fowler
3										
4										
5										
6										
7										
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