

Tuesday Nov - 100a - 1019

PHONE
404-806-7722

FAX
404-806-7601

Acrobat Outsourcing

PROOF OF PERFORMANCE & TIME SHEET

CLIENT NAME	DEPARTMENT	REPORT TO	SIGNATURE	IN	OUT	BREAK	TOTAL HR	PROMPTNESS	APPEARANCE	PERFORMANCE	ATTITUDE	RANK		
												G: Good	E: Excellent	
													DATE	
													10/23/18	
													DAY	
													TIME	
Yvonne de la Cruz			[Signature]	7:00	3:30	30	COOK	11						
Yvonne de la Cruz			[Signature]	01:10	3:30	30	CASHIER	11						
Yvonne de la Cruz			[Signature]	01:10	3:30	30	DISH	11						
Yvonne de la Cruz			[Signature]	10:21	8:00pm	30	COOK	11						
Yvonne de la Cruz			[Signature]	10:21	8:00pm	30	COOK	11						
Yvonne de la Cruz			[Signature]	12:00P	10:10PM	30	DISH	11						
Yvonne de la Cruz			[Signature]	12:00P	10:00pm	30	DISH	11						
Yvonne de la Cruz			[Signature]	12:00P	10:00pm	30	COOK	11						
Yvonne de la Cruz			[Signature]	10am	10:30am	30	DISH	11						
Yvonne de la Cruz			[Signature]	10:14A	10:30	30	DISH	11						

253280
-Catering
-Catering
-CATERING
-CATERING

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

TITLE

NAME

DATE