PHONE
404-806-7722

Acrobat Outsourcing

FAX
404-806-7601

PROOF OF PERFORMANCE & TIME SHEET

CLIENT NAME		DATE	
DEPARTMENT		DAY	
REPORT TO		TIME	

G: Good E: Excellent
NI: Need Improvement
R / NR: Repeat / No Repeat

	NAME	SIGNATURE	IN	OUT	BREAK	TOTAL HR	PROMPTNESS	APPEARANCE	PERFORMANCE	ATTITUDE	R / NR
10/5	Christopher Trammell	C. Trammell	9:00	3:00	30	3 5/8		✓			
11/5	Eris Potter	[signature]	6:00	4:15	No Break			✓			
11/5	Derrell Cooper	[signature]	7:00	2:00	No Break			✓			
11 6	Eris Potter	[signature]	6:00	3:00	No Break			✓			
11/6	Christopher Trammell	C. Trammell	7:00	3:00	30			✓			
11/6	Christopher Trammell	C. [signature]	7:00	3:00	[illegible]	8 3/4		✓			
11/7	Eris Potter	[signature]	7:00	3:00	30 MIN			✓			
11/7	Eris Potter	[signature]	6:00	3:30	30			✓			
11/8	Sheron Allen	Sheron Allen	8:00	4:00	30			✓			
11-9	Napoleon Whitehead	N. Whitehead	8:20	4:00	30						
1-8											

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

SIGNATURE	NAME	TITLE	DATE