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PERIOD OF PERFORMANCE & TIME SCHEDULE						404-806-7601				
CLIENT NAME	SIGNATURE	IN	OUT	BREAK	TOTAL HR	PROMPTNESS	APPEARANCE	PERFORMANCE	ATTITUDE	R / NR
DEPARTMENT								G: Good NI: Need Improvement R / NR: Repeat / No Repeat		
REPORT TO:										
Muesha Cooper	<i>[Signature]</i>	6:07	9:00pm	30	6:00am - 7:00pm					
Larise Mathis	<i>[Signature]</i>	7:09	3:16	30	4:15					
BOONEY MURPHY	<i>[Signature]</i>	2:38	7:09	-	4:15					
Damon Allen	<i>[Signature]</i>	2:30pm	7:00pm	-	4:15					
Jayson Westerville	<i>[Signature]</i>	2:30pm	7:00pm	none	4:15					
Rheban McKibbin	<i>[Signature]</i>	2:30pm	7:00pm	none	4:15					
Vincent Hudson	<i>[Signature]</i>	2:30pm	7:00pm	none	4:15					
ANA Lia williams	<i>[Signature]</i>	3:00pm	7:00pm	7:00pm - 3:15	3:15					
NAYRA Padilla	<i>[Signature]</i>	3:00pm	7:00pm	7:00pm - 3:15	3:15					
Antonio Vikes	<i>[Signature]</i>	4:00pm	7:35		3:38					
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 _____ DATE 11/9/18										
TITLE _____										

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