PHONE 404-806-7722

Acrobat Outsourcing

FAX 404-806-7601

PROOF OF PERFORMANCE & TIME SHEET

CLIENT NAME		DATE	11/12/18	G: Good E: Excellent
DEPARTMENT		DAY		NI: Need Improvement
REPORT TO		TIME		R/NR: Repeat / No Repeat

NAME	SIGNATURE	IN	OUT	BREAK	TOTAL HR	PROMPTNESS	APPERANCE	PERFORMANCE	ATTITUDE	R/NR
Minerva [illegible]	[signature]	6:30	3:30	30						
[illegible] Lihuani	Lihuani	07:30	4pm	30						
Davel Johnson	[signature]	10:00	6:30	30						
[illegible]	[signature]	10:00	6:30	30						
Eddie Johnson	[signature]	10:00	10:00pm	30						
Larry Jennings	[signature]	10:00	10:00pm	30						
[illegible]	[signature]				please pay him additional 4hrs					

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

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404-806-7722

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PROOF OF PERFORMANCE & TIME SHEET

CLIENT NAME		DATE	11/13/18
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	APPERANCE	PERFORMANCE	ATTITUDE	R/NR
Minerva Young	[illegible]	6:30	3:30	30						
Roman Williams	Williams	7:00	3:30	30						
Omar Young	[illegible]	7:00	4:45	30						
Alijah Steele	Alijah Steele	9:00	5:30	30						
Daniel Johnson	[illegible]	10:00	6:30	30						
Bernard Phillips	Bernard Phillips	10:15	6:30	30						
Larry Jennings	[illegible]	1:00	9:00	30						
Eddie Johnson	[illegible]	1:00	9:00	30						

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COMMENTS	

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CLIENT NAME		DATE	11/14/18	G: Good E: Excellent
DEPARTMENT		DAY		NI: Need Improvement
REPORT TO		TIME		R/NR: Repeat / No Repeat

NAME	SIGNATURE	IN	OUT	BREAK	TOTAL HR	PROMPTNESS	APPERANCE	PERFORMANCE	ATTITUDE	R / NR
✓ Minerva de la cruz	[signature]	6:30	3:30	30						
✓ Kamau Likuwini	[signature]	7:00	3:30pm	30						
Vaya ✓ Omari Young	[signature]	7:00	4:00	30						
✓ Tyrone Cody	[signature]	8:17	5:15	30	7:20					
✓ Aliyah Steele	[signature]	8:55	5:45	30						
✓ Dalvel Johnson	[signature]	9:30	6:30	30						
✓ Bernard Phillips	[signature]	10:00	6:30	30						
✓ Keith Travis	[signature]	7am	3:30pm	30	8					

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COMMENTS

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PROOF OF PERFORMANCE & TIME SHEET

CLIENT NAME		DATE	11/15/18	G: Good	E: Excellent
DEPARTMENT		DAY		NI: Need Improvement	
REPORT TO		TIME		R / NR: Repeat / No Repeat	

NAME	SIGNATURE	IN	OUT	BREAK	TOTAL HR	PROMPTNESS	APPEARANCE	PERFORMANCE	ATTITUDE	R / NR
Minerva delacruz		6:30	3:30	30						
Keith Travis		9am	3:30	30min						
Roman Lukhanin		7:00	5:30pm	30						
Omari Young		7:00	4:30	30						
Shah Hall		9:00	4:30	30						
DeVeal Johnson		10:04	6:53	30						
Bernard Hill, Jr.		10:00	6:30	30						
N. Whitehead		10:00	6:30	30						
R. Campbell		11:00	6:53	30						

TO BE COMPLETED BY CLIENT

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COMMENTS

SIGNATURE	NAME	TITLE	DATE

PHONE
404-806-7722

Acrobat Outsourcing

FAX
404-806-7601

PROOF OF PERFORMANCE & TIME SHEET

CLIENT NAME		DATE	11/16/2018
DEPARTMENT		DAY	Friday
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
✓	Ramon Lahuerta	Lahuerta	07:00	3:30pm	30						
✓	Tyrone Cody	Tyrone Cody	7:00	3:00	30						
✓	Omar Nava	Omar Nava	7:00	3:30	30						
✓	Mineva Belardo	Mineva	8:00	3:30	30						
✓	Aliyah Steele	Aliyah Steele	9:00	5:45	30						
✓	Bernard Phillips	Bernard Phillips	10:00	10:30	30						
✓	David Johnson	David Johnson	10:00	6:30	30						
✓	R. Whitehead	R. Whitehead	10:00	6:30	30						
✓	R. Campbell	Ramie Campbell	10:00	6:30	30						

Vonya -

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

DRAKE STAFFING
NOBODY WORKS HARDER

Time Sheet

CLIENT NAME
LOCATION Coca Cola
ADDRESS
CITY
STATE
ZIP
REPORTING TO
DEPT
DRAKE STAFFING EXECUTIVE
CONTACT NUMBER

2033 Monroe Dr., Sulte E
Atlanta, GA 30324
PHONE: 404-806-7722
FAX: 404-806-7601
www.drakestaffing.net

	EMPLOYEE NAME (Please Print)	LAST 4 OF SS#	DATE WORKED	START TIME	END TIME	ALL BREAKS	TOTAL HOURS	ATTITUDE (5 = HIGHEST, 1 = LOWEST) 5 4 3 2 1	APTITUDE 5 4 3 2 1	APPEARANCE 5 4 3 2 1	EMPLOYEE SIGNATURE
1	Keyanna Foster	4704	11/15/18	2:00	8:00	0	Bartender				Keyanna Foster
2											
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.