

SIGNATURE	NAME	TITLE	DATE
-----------	------	-------	------

Thursday Plate up.

1 of 1

PHONE

404-806-7722

FAX

404-806-7601

Culinary

Acrobat Outsourcing

PROOF OF PERFORMANCE & TIME SHEET											
CLIENT NAME DEPARTMENT REPORT TO	SIGNATURE	IN	OUT	BREAK	TOTAL HR	11/29/18		G: Good NI: Need Improvement R/NR: Repeat/No Repeat	PERFORMANCE	ATTITUDE	R/NR
						DATE	TIME				
						DAY	TIME				
Culinary											
* STEVEN CUTLER	Duplicate K. John sheet	8 AM	11:45 PM	30	15.25						
Culinary											
Ronald Breen	Nov 11 PM	2 PM	11:00 PM	30	8.5						
Omegar Young	Omegar Young	3:00 PM	10:30 PM	30	7.0						
Nakond Clay	Nakond Clay	4:00 PM	11:17 PM	30	6.75						
Du Jinae	Du Jinae	4:30 PM	11:00 PM	30	6.0						
Felicia Lackey	Felicia Lackey	4:15 PM	11:30 PM	30	6.75 (6.75)						
MEISIA MCKEON	MEISIA MCKEON	3:30	11:00 PM	30	7.0						
Anthony Manning	Anthony Manning	5 PM	11:07 PM	-	6.25						
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