(1)

PHONE
404-806-7722

Acrobat Outsourcing

FAX
404-806-7601

PROOF OF PERFORMANCE & TIME SHEET

CLIENT NAME		DATE	12/20
DEPARTMENT	NCR	DAY	Thursday
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
Tyrone Butler		6 0C	230	30	8					
Larissa Mathis		6:30	3:30	30	8.5					
Regina Edward		6:35	3.35	30	8.5					
MyleshA Cooper		8:05	3:00	30	6.92					
Tishana Boggans		230	7:00 pm	—	4.5					
LaTarra Jones		230	7:00 pm	—	4.5					
Damion Allen		2:30	7:00 pm	—	4.5					
Derrek Cooper		7:00	3:30	30	8					
ROBERT FANE		3P	7PM	—	4					
Jayson Westerlund		3:00	~~3:50~~	7:00	4					
Vincent Hudson		3:00	7:00	—	4					
Keith Booker		7 00	330	30	8					
Rodney McGinnis		3:0	7 0p	—	4					
Cassandra Thomas		300	700	—	4					

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
			12/21/18