

262857

PHONE
404-806-7722

Drake Staffing

FAX
404-806-7601

PROOF OF PERFORMANCE & TIME SHEET

CLIENT NAME				DATE		1/19		G: Good E: Excellent	
DEPARTMENT				DAY				NI: Needing Improvement	
REPORT TO				TIME				R/INR: Repeat/No Repeat	
	NAME	SIGNATURE	IN	OUT	BREAK	TOTAL HR	PROMPTNESS	APPEARANCE	PERFORMANCE
1	NAPoleon Whitehead	<i>[Signature]</i>	3:00	9:00					
2	Pamela Richmond	<i>[Signature]</i>	3:00	9:15					
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									

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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CLIENT NAME	DEPARTMENT	REPORT TO	DATE	TIME	PERFORMANCE	ATTITUDE	ADDITIONAL COMMENTS	PERFORMANCE	ATTITUDE	ADDITIONAL COMMENTS
1										
2	Richmond	Paula	1/15	3:00	9:00					
3	Napoleon Whitbee			3:00	9:00					
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										

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PROOF OF PERFORMANCE & TIME SHEET									
CLIENT NAME	DEPARTMENT	REPORT TO	DATE	DAY	TIME	6 - Good	7 - Excellent	8 - Needs Improvement	9 - Repeat/No Repeat
✓ 1 Napoleon Whitehead	Napoleon Whitehead		3:00	9:08					
2 Napoleon Whitehead	Napoleon Whitehead		3:00	9:00	7/15				
3 Paul & Rickie	Paul & Rickie		3:00	10:00					
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									

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✓ DU
✓ DU
✓ BT
✓ can

PROOF OF PERFORMANCE & TIME SHEET									
CLIENT NAME	DEPARTMENT	DATE	DAY	TIME	START	STOP	BREAK	TOTAL HRS	PERFORMANCE
1 Terry Robinson	Terry Robinson	9:30	5:00						
2 ANDREA CROSS	ANDREA CROSS	3pm	11:00						
3 Tijuana Rogers	Tijuana Rogers	5:20pm	9:00pm						
4 [Signature]	[Signature]	3:00	9:00						
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									

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11/18/19

Drake Staffing

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PROOF OF PERFORMANCE & TIME SHEET

CLIENT NAME		DATE		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	ADHERANCE	PERFORMANCE	ATTITUDE	REMARKS
1 Terry Robinson	Terry Robinson	9:00am	4:45							
2 ANDREA CROSS	Andrea Cross	2:45	9:38							
3 RUEL RICHMOND	Ruel Richmond	5W	9W							
4 ANDREA CROSS	Andrea Cross	12:00	8:30							
5 ANDREA CROSS	Andrea Cross	11:45	9:15pm							
6										
7 Terry Robinson	Terry Robinson	9:00	4:30							
8 LANCE BARBER	Lance Barber	9:00am	3:00pm							
9 RUEL RICHMOND	Ruel Richmond	5W	9W							
10										
11										
12										
13										
14										
15										

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COMMENTS:

✓ 1/19
✓ 11/20
11/21

SIGNATURE	NAME	TITLE	DATE
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