

PHONE

404-806-7722

Acrobat Outsourcing

FAX

404-806-7601

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CLIENT NAME		DEPARTMENT		REPORT TO		DATE	DAY	TIME	PERFORMANCE			
NAME		SIGNATURE		IN	OUT	BREAK	TOTAL HR	PROMPTNESS	APPEARANCE	PERFORMANCE	ATTITUDE	R/NR
Tyrone Butler				5:00	2:40	30	8:17	/				
Deborah Elliot				7:00	3:30	30	8	/				
Larissa Mahis				6:30	2:35	30	7.58	/				
Keith Booker				7:00	3:30	30	8	/				
Kelvin				6:30	2:30	30	8.5	/				
RONEY M. L...				3:00	7:00	0	4	/				
Vincent Hudson				2:30	7:00pm	-	4.5	/				
Liyana Bogans				2:30	7:00pm	-	4.5	/				
Oprikkete...				2:30	7:00pm	-	4.5	/				
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												

	Abb F.	GM	1/25/19
SIGNATURE	NAME	TITLE	DATE

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