



OUR TEAM

મહારાજાની

Your Hospitality Staffing Professionals  
**CLIENT NAME:** Armark

LOCATION: OPCC  
DATE: 1/15/12

BERGTT INC.

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4/13/19

EMPLOYEE NAME	EMPLOYEE INITIALS	TIME IN	BREAK OUT	BREAK IN	TIME OUT	TOTAL HRS	EMPLOYEE NAME	EMPLOYEE INITIALS	TIME IN	BREAK OUT	BREAK IN	TIME OUT	TOTAL HRS
Sada Markita Hayes	2:59	11:53 AM				8.10 hours							

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John Doe  
Authorized Client Signature

and that the hours shown on this Weekly Group Time Sheet are correct and the work was completed to your satisfaction.

**Title** \_\_\_\_\_ **Date** \_\_\_\_\_

Please fax this completed time sheet to:  
**E-mail address:**  
Questions or comments, Please Call:

**913-831-0774**  
**acrobat.tsheetstks@acrobotoutsourcinc.com**