

outsourcing

Your Hospitality Staffing Professionals

CLIENT NAME: Travis K

LOCATION: 6900

DATE: 09/05/19

REPORT TO:

Daily Group Time Sheet

71

09/05/19

EMPLOYEE NAME	INITIALS	TIME		BREAK		TIME		TOTAL HRS	EMPLOYEE NAME	INITIALS	TIME		BREAK		TIME		TOTAL HRS
		IN	OUT	IN	OUT	IN	OUT				IN	OUT	IN	OUT	IN	OUT	
BURGER MESSIAHO	R.V	5:00	5:15			3:00											
Rick Hobbs		5:00	5:15			12:30	7										
Rick Hobbs																	
Amber Wrenn		4:00				9:10 PM											
ANNETTE Wrenn		3:00 PM				9:30 PM											
Rick Axel		4:15				10:30 PM											

Client: Your signature represents that you are in agreement with all the terms and conditions on the Acrobat Outsourcing New Account Application and that the hours shown on this Weekly Group Time Sheet are correct and the work was completed by the employee.

Client: Your signature represents that you are in agreement with all the terms and conditions on the Acrobat Outsourcing New Account Application and that the hours shown on this Weekly Group Time Sheet are correct and the work was completed to your satisfaction. Timesheets should be received no later than Sunday at 10PM.

Authorized Client Signature

Title

Date _____

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

913-831-0774
acrobat.tsheetsks@acrobatoutsourcing.com
913--831-0888

18/05/2024