TIME SHEET

KRAFT SOFTWARE SOLUTIONS

	Date		Nigoature .	Supervisor Signature		Date					Signature	Employee Signature
28-Feb-2020	28-1	1	TMIN	1		28 Feb 2020		!			Dasari	Sreekanth
		PROVED	THIS TIMESHEET SCHECKED AND APPROVED	THIS TIMES				OR THIS PERIOD.	CERTIFY THAT THE ABOVE IS A TRUE RECORD OF MY TIME FOR THIS PERIOD.	30VE IS A T	THAT THE AE	I CERTIFY
						Total Inc. of Or Inc (Dinasio		1000	rom no or onjo mornou			
				144	/ Non Rillahle)	Total No of OT hrs (Rillable / Non Rillable)	130	18.0	Total No. of Davis Worked			
						THE PROPERTY.	Weekend	Production Support	AIA	200	SAT	28
					New York Street, Stree	STATE OF THE STATE	œ	Production Support	AIA		Æ	28
							8	Production Support	AIA		표	27
						THE PART STORY	8	Production Support	AIA		WED	26
							œ	Production Support	AIA		TUE	25
							8	Production Support	AIA		NOM	24
				S STATE OF			Weekend	Production Support	AIA		NUS	23
				-888			Weekend	Production Support	AIA		SAT	22
							MC	Production Support	AIA		Æ	21
							œ	Production Support	AIA		HE	20
				TO E OF			88	Production Support	AIA		WED	19
							8	Production Support	AIA	3.0	3UT	18
						No. of the last of	88	Production Support	AIA		NOM	17
							Weekend	Production Support	AIA		SUN	16
							Weekend	Production Support	AIA		SAT	15
						HOSE STATE OF THE PARTY OF THE	8	Production Support	AIA		FRI	14
				THE STATE OF			8	Production Support	AIA		됟	13
				1			L	Production Support	AIA	0.5-6	WED	12
				18 SING			8	Production Support	AIA		TUE	11
				NI COM			8	Production Support	AIA		MOM	10
							Weekend	Production Support	AIA		SUN	9
				100			Weekend	Production Support	AIA		SAT	8
				N. Y.			8	Production Support	AIA		FRI	7
							8	Production Support	AIA		UHT	6
							8	Production Support	AIA		WED	5
							8	Production Support	AIA		TU€	4
						STATE OF STA	8	Production Support	AIA	0,500	NOM	3
				0.00			Weekend	Production Support	AIA		NUS	2
				H-1000			Weekend	Production Support	AIA		SAT	1
Working Ho	Working Hours	Assignment Name 3	Client Name	Working Hours	Assignment Name 2	Client Name	Working Hours	Assignment Name 1	Client Name	4	working	DATE
IOTAL		3			2					Non	Leaved	
			KeanHong. I an@aia.com		SUPERVISOR'S EMAIL:	111		repruary-20				HINOW.
			Tan, Kean Hong		SUPERVISOR'S NAME:			KSSAI104			NUMBER:	EMPLOYEE NUMBER:
			AIA	ION:	CLIENT NAME / LOCATION:			Sreekanth Dasari			NAME:	EMPLOYEE NAME:

Pls write the corresponding alphabets (H-Holiday, L-Annual Leave, S-Sick Leave, U-Unpaid Leave, C-Comp Off, CCL-Childcare leave, Weekend - Sal & Sun), against the appropriate date. Please Call / Email this form, duly signed To: +60389967707 Attn: The HR Department

Medical certificate must be send along with the Timesheets or It will be taken into record as annual leave

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