

## TIME SHEET

## KRAFT SOFTWARE SOLUTIONS

EMPLOYEE NAME: **Sreekanth Dasari**  
EMPLOYEE NUMBER: **KSSA1104**  
MONTH: **February-20**

CLIENT NAME / LOCATION: **A/A**  
SUPERVISOR'S NAME: **Tan, Kean Hong**  
SUPERVISOR'S EMAIL: **KeanHong.Tan@kasa.com**

DATE	Leave/ Non working days	Non working hrs	1			2			3			TOTAL Working Hours
			Client Name	Assignment Name 1	Working Hours	Client Name	Assignment Name 2	Working Hours	Client Name	Assignment Name 3	Working Hours	
1	SAT		A/A	Production Support	Weekend							
2	SUN		A/A	Production Support	Weekend							
3	MON		A/A	Production Support	8							
4	TUE		A/A	Production Support	8							
5	WED		A/A	Production Support	8							
6	THU		A/A	Production Support	8							
7	FRI		A/A	Production Support	8							
8	SAT		A/A	Production Support	Weekend							
9	SUN		A/A	Production Support	Weekend							
10	MON		A/A	Production Support	8							
11	TUE		A/A	Production Support	8							
12	WED		A/A	Production Support	L							
13	THU		A/A	Production Support	8							
14	FRI		A/A	Production Support	8							
15	SAT		A/A	Production Support	Weekend							
16	SUN		A/A	Production Support	Weekend							
17	MON		A/A	Production Support	8							
18	TUE		A/A	Production Support	8							
19	WED		A/A	Production Support	8							
20	THU		A/A	Production Support	8							
21	FRI		A/A	Production Support	MC							
22	SAT		A/A	Production Support	Weekend							
23	SUN		A/A	Production Support	Weekend							
24	MON		A/A	Production Support	8							
25	TUE		A/A	Production Support	8							
26	WED		A/A	Production Support	8							
27	THU		A/A	Production Support	8							
28	FRI		A/A	Production Support	8							
29	SAT		A/A	Production Support	Weekend							
Total Hours					136							
Total No. of Days Worked					18.0	Total No. of OT hrs (Billable / Non Billable)					144	

I CERTIFY THAT THE ABOVE IS A TRUE RECORD OF MY TIME FOR THIS PERIOD.

Sreekanth Dasari

Employee Signature

Date 28 Feb 2020

THIS TIMESHEET IS CHECKED AND APPROVED

Supervisor Signature

Date 28-Feb-2020

NOTE:

Pis write the corresponding alphabets (H-Holiday, L-Annual Leave, S-Sick Leave, U-Unpaid Leave, C-Comp Off, CCL-Childcare leave, Weekend - Sat & 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