

# TIME SHEET

# KRAFT SOFTWARE SOLUTIONS

EMPLOYEE NAME:	Sreekanth Dasari
EMPLOYEE NUMBER:	KSSA1104
MONTH:	October-19

CLIENT NAME / LOCATION:	AIA
SUPERVISOR'S NAME:	Tan, Kean Hong
SUPERVISOR'S EMAIL:	KeanHong.Tan@aia.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	TUE		AIA	Production Support	8							
2	WED		AIA	Production Support	8							
3	THU		AIA	Production Support	8							
4	FRI		AIA	Production Support	8							
5	SAT		AIA	Production Support	Weekend							
6	SUN		AIA	Production Support	Weekend							
7	MON		AIA	Production Support	8							
8	TUE		AIA	Production Support	8							
9	WED		AIA	Production Support	8							
10	THU		AIA	Production Support	8							
11	FRI		AIA	Production Support	8							
12	SAT		AIA	Production Support	Weekend							
13	SUN		AIA	Production Support	Weekend							
14	MON		AIA	Production Support	8							
15	TUE		AIA	Production Support	8							
16	WED		AIA	Production Support	MC							
17	THU		AIA	Production Support	8							
18	FRI		AIA	Production Support	8							
19	SAT		AIA	Production Support	Weekend							
20	SUN		AIA	Production Support	Weekend							
21	MON		AIA	Production Support	Holiday							
22	TUE		AIA	Production Support	8							
23	WED		AIA	Production Support	8							
24	THU		AIA	Production Support	8							
25	FRI		AIA	Production Support	8							
26	SAT		AIA	Production Support	Weekend							
27	SUN		AIA	Production Support	Weekend							
28	MON		AIA	Production Support	8							
29	TUE		AIA	Production Support	8							
30	WED		AIA	Production Support	8							
31	THU		AIA	Production Support	8							

Total Hours 160

Total No. of Days Worked 21.0

Total No. of OT hrs (Billable / Non Billable) 168

I CERTIFY THAT THE ABOVE IS A TRUE RECORD OF MY TIME FOR THIS PERIOD.	
Sreekanth Dasari	1 Nov 2019
Employee Signature	Date

THIS TIMESHEET IS CHECKED AND APPROVED	
	1-Nov-2019
Supervisor Signature	Date

## NOTE:

Pls 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