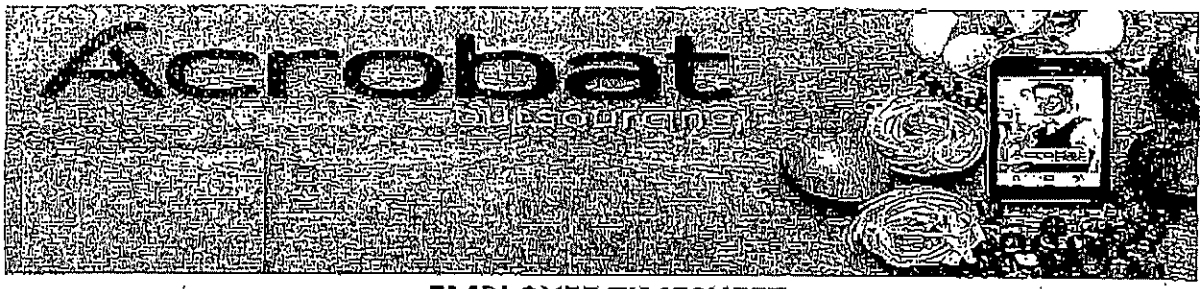

EMPLOYEE TIMESHEET

EMPLOYEE NAME: Apriti Allen

Children's Healthcare of Atlanta- Egleston

WEEK ENDING DATE: _____

	DATE	TIME IN	BREAK	TIME OUT	TOTAL HOURS
MONDAY					
TUESDAY	10/16	2:15p	1/2 hr.	10:33p.	7.5
WEDNESDAY	10/17	1:57p.	1/2 hr.	10:38p.	8
THURSDAY	10/18	1:56p.	1/2 hr.	10:12p	7.75
FRIDAY	10/19	1:54p.	1/2 hr.	10:19p.	7.75
SATURDAY					
SUNDAY					31
TOTAL HOURS					

MANAGER SIGNATURE: _____