



## EMPLOYEE TIMESHEET

EMPLOYEE NAME: Eliana

Children's Healthcare of Atlanta- Egleston

WEEK ENDING DATE: \_\_\_\_\_

|             | DATE             | TIME IN | BREAK | TIME OUT | TOTAL HOURS |
|-------------|------------------|---------|-------|----------|-------------|
| ✓ MONDAY    | 10-15            | 6:45    | 30    | 3:20     | 8           |
| TUESDAY     | <del>10-16</del> |         |       |          |             |
| ✓ WEDNESDAY | 10-17-18         | 11:46   | 30    | 8:28     | 8.25        |
| ✓ THURSDAY  | 10-18-18         | 6:37    | 30    | 3:20     | 8.25        |
| ✓ FRIDAY    | 10-19-18         | 11:44   | 30    | 8:30     | 8.25        |
| SATURDAY    |                  |         |       |          |             |
| SUNDAY      |                  |         |       |          |             |
| TOTAL HOURS |                  |         |       |          | 32.75       |

MANAGER SIGNATURE: \_\_\_\_\_