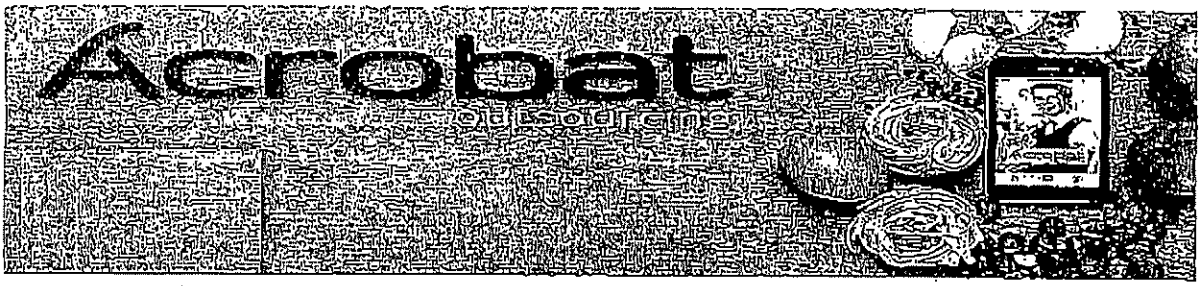

EMPLOYEE TIMESHEET

EMPLOYEE NAME: Pamela Madison

Children's Healthcare of Atlanta- Egleston

WEEK ENDING DATE: _____

	DATE	TIME IN	BREAK	TIME OUT	TOTAL HOURS
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY	10/19	7:19A	30	3:06P	7.5
SATURDAY					
SUNDAY					
TOTAL HOURS					7.5

MANAGER SIGNATURE: _____