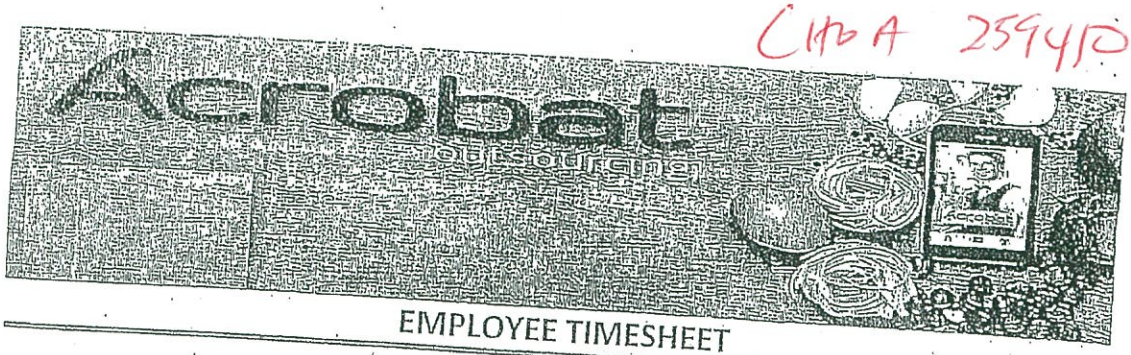
CHOA 259415



EMPLOYEE TIMESHEET

EMPLOYEE NAME: Robin Thomas

Children's Healthcare of Atlanta- Egleston

WEEK ENDING DATE: _____

	DATE	TIME IN	BREAK	TIME OUT	TOTAL HOURS
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY	12-7-18	1:00pm	30m	8:28	7
SATURDAY					
SUNDAY					
TOTAL HOURS					7 hrs

MANAGER SIGNATURE: _____