



EMPLOYEE TIMESHEET

EMPLOYEE NAME:

Tyrone Butler

Children's Healthcare of Atlanta- Egleston

WEEK ENDING DATE: _____

	DATE	TIME IN	BREAK	TIME OUT	TOTAL HOURS
MONDAY	8/31/20	6:30 am	30 mins	3:00 pm	8
TUESDAY	9/1/20	5:45 am	30 Mins	3:00 pm	8
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					
TOTAL HOURS					16

MANAGER SIGNATURE: _____

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