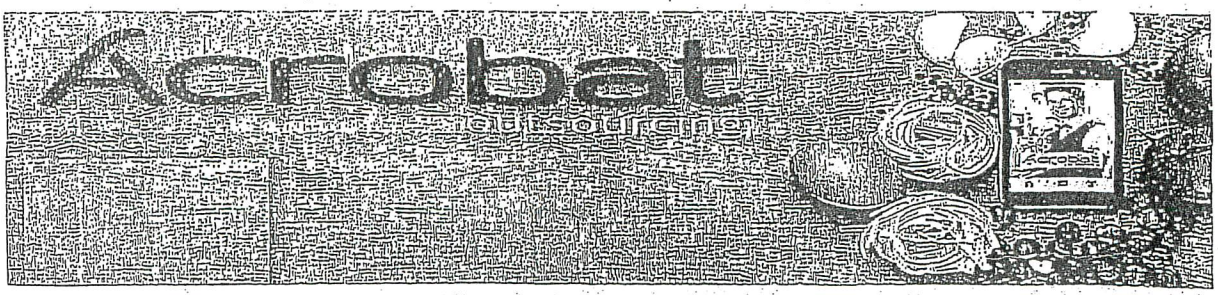


EMPLOYEE TIMESHEET

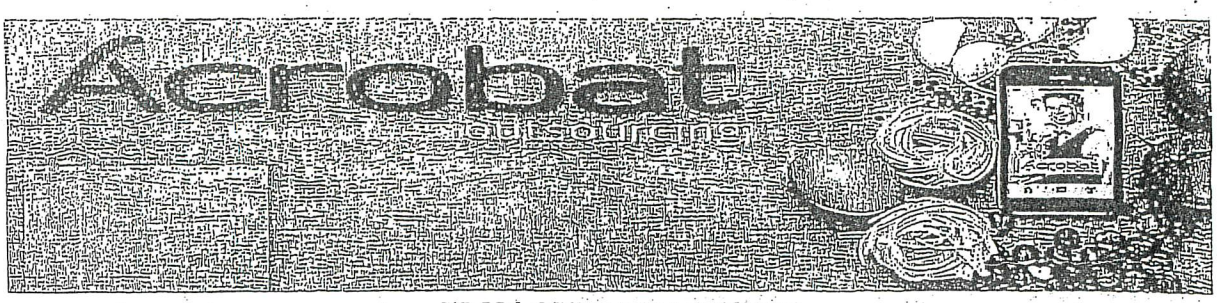
EMPLOYEE NAME: Tyrone Butler TB 9-7-20

Children's Healthcare of Atlanta- Egleston

WEEK ENDING DATE: _____

	DATE	TIME IN	BREAK	TIME OUT	TOTAL HOURS
MONDAY					
TUESDAY	9/8/20	5 51 am	30 min	2 30 pm	8
WEDNESDAY	9/9/20	5 53 am		2 30 pm	8.00
THURSDAY	9/10 20	5 54 am	no Break	3 03 pm	9.00
FRIDAY	9/11/20	5 47 am	30 min	2 20 pm	8.00
SATURDAY	9/12/20	5 52 am	30 min	1 84 pm	6.50
SUNDAY					
TOTAL HOURS					39.50

MANAGER SIGNATURE: _____



EMPLOYEE TIMESHEET

EMPLOYEE NAME: Daphne Johnson

Children's Healthcare of Atlanta- Egleston

WEEK ENDING DATE: 9.13.2020

	DATE	TIME IN	BREAK	TIME OUT	TOTAL HOURS
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY	9.12	6.00a.m	11.00/11.30	2.41 2.~~44~~pm	8.10
SUNDAY	9.13	6.00 am	11.00/11:30	2.46	8.25
TOTAL HOURS					16.35

MANAGER SIGNATURE: [signature]