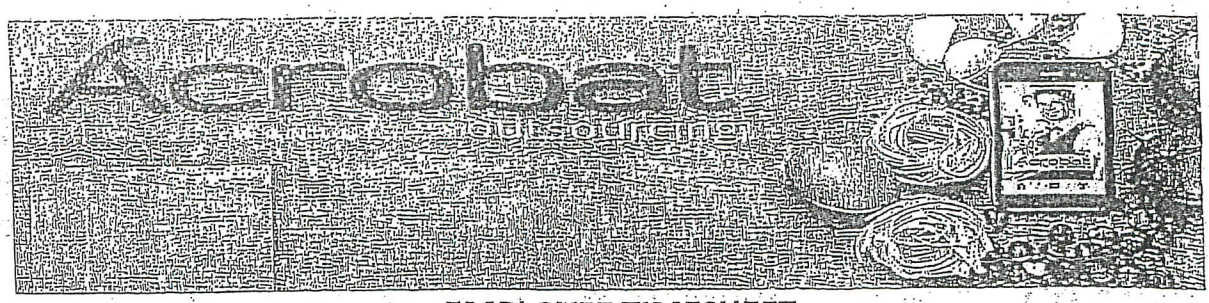

EMPLOYEE TIMESHEET

EMPLOYEE NAME: Dorian Copemann

Children's Healthcare of Atlanta- Egleston

WEEK ENDING DATE: _____

	DATE	TIME IN	BREAK	TIME OUT	TOTAL HOURS
MONDAY					
TUESDAY					
WEDNESDAY	9-1-20 21	7:57	30	3:47	7.50
THURSDAY	9-2-20 21	6:55 AM	30	2:51 AM	7.50
FRIDAY	9-3-20 21	7:49 AM	30	2:58 PM	7.50
SATURDAY					
SUNDAY					
TOTAL HOURS					22.50

7.50

MANAGER SIGNATURE: _____