

Universal Counseling Services, Inc.

TIME SHEET

16 South Calvert Street, Suite 300
 Baltimore, Maryland 21202
 410-752-5525 Fax 410-752-5531

Employee Name: _____

Title: TANF BCDSS Mental Health Specialist

| Date | Start Time | End Time | Hours | Authorized DSS Personnel Signature | Payment |
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| | | WEEKLY TOTALS: | | | |

Employee Signature: _____

Date: _____

UCS Supervisor Signature: _____

Date: _____

Pay Period

Timesheet Due Date

Pay Date

16th through the last day of the previous month.
 1st through the 15th of the current month.

5th
 22nd

15th
 30th