

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:** IEP AIDES

Student Name: _____ **Pupil Number:** _____ **School:** _____

Month:	Start Time	End Time	Hours	Duty Free Lunch in Minutes
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
		PAY PERIOD TOTALS:	Days	
			Hours	

Employee Signature: _____ Date: _____

Signature of Principal or Administrative Designee: _____ Date: _____

<u>Pay Period</u>	<u>Timesheet Due Date</u>	<u>Pay Date</u>
16th through the last day of the previous month. 1 st through the 15 th of the current month.	5th 22nd	15 th 30 th