

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 #:** _____ **School Name:** _____

Month:	Start Time	End Time	Hours	Duty Free Lunch in Minutes
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
		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.	2nd 18th	15 th 30 th