

# 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:** School-Based Therapist

**Month:** \_\_\_\_\_ **Site:** \_\_\_\_\_

Date	Start Time	End Time	Hours	COMMENTS: include type of leave, etc.
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
<b>TOTAL:</b>				

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized School Personnel Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Pay Period \_\_\_\_\_ Timesheet Due Date \_\_\_\_\_ Pay Date \_\_\_\_\_

16th through the last day of the previous month.  
1<sup>st</sup> through the 15<sup>th</sup> of the current month.

5th  
22nd

15<sup>th</sup>  
30<sup>th</sup>