

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.
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
TOTAL:				

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.
1st through the 15th of the current month.

5th
22nd

15th
30th