



Time Sheet

Employee: _____
 Last Name First Name

Pay period start date: _____
 Pay period end date: _____

Discipline: PT PTA OT COTA SLP Other _____

Manager: _____ Location _____

	Date	Location	In	Out	In	Out	Total
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
TOTAL HOURS							

 Employee signature Date

 Manager signature* Date

*** Time Sheet must be signed by the Manager before it will be accepted.**

**** One Location Per Time Sheet**

***** Time Sheet due by Monday at 12:00PM**