



Time Sheet

Pay period start date: _____

Employee: _____
Last Name First Name

Pay period end date: _____

Discipline: PT PTA OT COTA SLP Other

Manager: _____

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

 Employee Signature Date

 Managers 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 9:00am**