



Time Sheet

Therapist: _____
 Last Name First Name

Pay period start date: _____
 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							

 Therapist 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 Sunday at 9:00AM**