

Name: \_\_\_\_\_

**Children's Therapy Place, Inc.  
Time Sheet**

Month: \_\_\_\_\_

DATE	IN	Break	OUT	TOTAL HOURS
1/16				
2/17				
3/18				
4/19				
5/20				
6/21				
7/22				
8/23				
9/24				
10/25				
11/26				
12/27				
13/28				
14/29				
15/30				
0/31				

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