TIME SHEET

County Therapy Associates, LLC

Month _____

Year _____

Name Lori Palmieri

Location Baltimore City Private/Parochial

Date	Time In	Time Out	Comments	School		Administrator Signature

Associate Signature _____

Total Hours _____ or DAILY RATE_____

Preferred methods of submission include: scan and email to countytherapy@msn.com; smartphone picture and text to 410-292-1979 or fax to 866-593-9901. Keep original for your records. PO Box 169, Whiteford, MD 21160