

**CLEAR SKY BEHAVIORAL, LLC
PROFESSIONAL TIME LOG**

Employee Name **Job Title**
Month/Year **Facility**

Date	Total Hours	Description of Duties	Reimbursement (If Any)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
Total			

Signature