

<u>Treasurer's Office Use Only</u>	
Total Hours	_____
\$54/hr first hour of each day	_____
\$26/hr each remaining hour/day	_____
<b>Total Paid</b>	_____

# NURSE

## SERVICES RENDERED TIMESHEET

Pay period start date: 4/6/2024

Pay period end date: 4/19/2024

05/03/2024 pay date

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

Student's Name(s): \_\_\_\_\_

Day		Start Time	End Time	Total Hours
Saturday	4/6/2024			
Sunday	4/7/2024			
Monday	4/8/2024			
Tuesday	4/9/2024			
Wednesday	4/10/2024			
Thursday	4/11/2024			
Friday	4/12/2024			
Saturday	4/13/2024			
Sunday	4/14/2024			
Monday	4/15/2024			
Tuesday	4/16/2024			
Wednesday	4/17/2024			
Thursday	4/18/2024			
Friday	4/19/2024			
<b>Total Hours for Pay Period</b>				

\_\_\_\_\_  
Client Signature (Designee)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator signature

\_\_\_\_\_  
Date

**Approval must be obtained from the Building Principal prior to submission to the Treasurer's Office for payment.**