

<b>Treasurer's Office Use Only</b>	
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: 7/20/2024

Pay period end date: 8/5/2024

08/20/2024 pay date

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

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

Day		Start Time	End Tme	Total Hours
Saturday	7/20/2024			
Sunday	7/21/2024			
Monday	7/22/2024			
Tuesday	7/23/2024			
Wednesday	7/24/2024			
Thursday	7/25/2024			
Friday	7/26/2024			
Saturday	7/27/2024			
Sunday	7/28/2024			
Monday	7/29/2024			
Tuesday	7/30/2024			
Wednesday	7/31/2024			
Thursday	8/1/2024			
Friday	8/2/2024			
Saturday	8/3/2024			
Sunday	8/4/2024			
Monday	8/5/2024			
<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.**