

<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: 1/6/2024  
 Pay period end date: 1/19/2024

02/05/2024 pay date

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

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

Day		Start Time	End Time	Total Hours
Saturday	1/6/2024			
Sunday	1/7/2024			
Monday	1/8/2024			
Tuesday	1/9/2024			
Wednesday	1/10/2024			
Thursday	1/11/2024			
Friday	1/12/2024			
Saturday	1/13/2024			
Sunday	1/14/2024			
Monday	1/15/2024			
Tuesday	1/16/2024			
Wednesday	1/17/2024			
Thursday	1/18/2024			
Friday	1/19/2024			
<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.**