

<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: 2/21/2025  
 Pay period end date: 3/5/2025

03/20/2025 pay date

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

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

Day		Start Time	End Time	Total Hours
Friday	2/21/2025			
Saturday	2/22/2025			
Sunday	2/23/2025			
Monday	2/24/2025			
Tuesday	2/25/2025			
Wednesday	2/26/2025			
Thursday	2/27/2025			
Friday	2/28/2025			
Saturday	3/1/2025			
Sunday	3/2/2025			
Monday	3/3/2025			
Tuesday	3/4/2025			
Wednesday	3/5/2025			
<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.**