

<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: 6/21/2025  
 Pay period end date: 7/3/2025

07/18/2025 pay date

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

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

Day		Start Time	End Time	Total Hours
Saturday	6/21/2025			
Sunday	6/22/2025			
Monday	6/23/2025			
Tuesday	6/24/2025			
Wednesday	6/25/2025			
Thursday	6/26/2025			
Friday	6/27/2025			
Saturday	6/28/2025			
Sunday	6/29/2025			
Monday	6/30/2025			
Tuesday	7/1/2025			
Wednesday	7/2/2025			
Thursday	7/3/2025			
<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.**