

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

# NURSE

## SERVICES RENDERED TIMESHEET

Pay period start date: 9/6/2024  
 Pay period end date: 9/20/2024

10/4/2024 pay date

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

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

Day		Start Time	End Tme	Total Hours
Friday	9/6/2024			
Saturday	9/7/2024			
Sunday	9/8/2024			
Monday	9/9/2024			
Tuesday	9/10/2024			
Wednesday	9/11/2024			
Thursday	9/12/2024			
Friday	9/13/2024			
Saturday	9/14/2024			
Sunday	9/15/2024			
Monday	9/16/2024			
Tuesday	9/17/2024			
Wednesday	9/18/2024			
Thursday	9/19/2024			
Friday	9/20/2024			
<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.**