

Treasurer's Office Use Only

Total Hours _____

\$54/hr first hour of each day _____

\$26/hr each remaining hour/day _____

Total Paid _____

NURSE**SERVICES RENDERED TIMESHEET**

Pay period start date: 9/19/2026

Pay period end date: 10/5/2026

10/20/2026 pay date

Print Name: _____

Student's Name(s): _____

Day		Start Time	End Time	Total Hours
Saturday	9/19/2026			
Sunday	9/20/2026			
Monday	9/21/2026			
Tuesday	9/22/2026			
Wednesday	9/23/2026			
Thursday	9/24/2026			
Friday	9/25/2026			
Saturday	9/26/2026			
Sunday	9/27/2026			
Monday	9/28/2026			
Tuesday	9/29/2026			
Wednesday	9/30/2026			
Thursday	10/1/2026			
Friday	10/2/2026			
Saturday	10/3/2026			
Sunday	10/4/2026			
Monday	10/5/2026			
		Total Hours for Pay Period		

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.**