

| <u>Treasurer's Office Use Only</u> |       |
|------------------------------------|-------|
| 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: 12/19/2026

Pay period end date: 1/5/2027

01/20/2027 pay date

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

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

| Day       |            | Start Time                 | End Time | Total Hours |
|-----------|------------|----------------------------|----------|-------------|
| Saturday  | 12/19/2026 |                            |          |             |
| Sunday    | 12/20/2026 |                            |          |             |
| Monday    | 12/21/2026 |                            |          |             |
| Tuesday   | 12/22/2026 |                            |          |             |
| Wednesday | 12/23/2026 |                            |          |             |
| Thursday  | 12/24/2026 |                            |          |             |
| Friday    | 12/25/2026 |                            |          |             |
| Saturday  | 12/26/2026 |                            |          |             |
| Sunday    | 12/27/2026 |                            |          |             |
| Monday    | 12/28/2026 |                            |          |             |
| Tuesday   | 12/29/2026 |                            |          |             |
| Wednesday | 12/30/2026 |                            |          |             |
| Thursday  | 12/31/2026 |                            |          |             |
| Friday    | 1/1/2027   |                            |          |             |
| Saturday  | 1/2/2027   |                            |          |             |
| Sunday    | 1/3/2027   |                            |          |             |
| Monday    | 1/4/2027   |                            |          |             |
| Tuesday   | 1/5/2027   |                            |          |             |
|           |            | 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.**