

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: 1/21/2027

Pay period end date: 2/5/2027

02/19/2027 pay date

Print Name: _____

Student's Name(s): _____

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