

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: 3/20/2027

Pay period end date: 4/5/2027

04/20/2027 pay date

Print Name: _____

Student's Name(s): _____

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