

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: 5/6/2027

Pay period end date: 5/20/2027

06/04/2027 pay date

Print Name: _____

Student's Name(s): _____

Day		Start Time	End Time	Total Hours
Thursday	5/6/2027			
Friday	5/7/2027			
Saturday	5/8/2027			
Sunday	5/9/2027			
Monday	5/10/2027			
Tuesday	5/11/2027			
Wednesday	5/12/2027			
Thursday	5/13/2027			
Friday	5/14/2027			
Saturday	5/15/2027			
Sunday	5/16/2027			
Monday	5/17/2027			
Tuesday	5/18/2027			
Wednesday	5/19/2027			
Thursday	5/20/2027			
		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.**