

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: 6/18/2027

Pay period end date: 7/2/2027

07/20/2027 pay date

Print Name: _____

Student's Name(s): _____

Day		Start Time	End Time	Total Hours
Friday	6/18/2027			
Saturday	6/19/2027			
Sunday	6/20/2027			
Monday	6/21/2027			
Tuesday	6/22/2027			
Wednesday	6/23/2027			
Thursday	6/24/2027			
Friday	6/25/2027			
Saturday	6/26/2027			
Sunday	6/27/2027			
Monday	6/28/2027			
Tuesday	6/29/2027			
Wednesday	6/30/2027			
Thursday	7/1/2027			
Friday	7/2/2027			
		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.**