

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: 9/4/2027

Pay period end date: 9/20/2027

10/05/2027 pay date

Print Name: _____

Student's Name(s): _____

Day		Start Time	End Time	Total Hours
Saturday	9/4/2027			
Sunday	9/5/2027			
Monday	9/6/2027			
Tuesday	9/7/2027			
Wednesday	9/8/2027			
Thursday	9/9/2027			
Friday	9/10/2027			
Saturday	9/11/2027			
Sunday	9/12/2027			
Monday	9/13/2027			
Tuesday	9/14/2027			
Wednesday	9/15/2027			
Thursday	9/16/2027			
Friday	9/17/2027			
Saturday	9/18/2027			
Sunday	9/19/2027			
Monday	9/20/2027			
		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.**