<table>
<tr><td colspan="2"><strong>Treasurer's Office Use Only</strong></td></tr>
</table>

| Treasurer's Office Use Only | |
|---|---|
| **Total Hours** | _____ |
| **$54/hr first hour of each day** | _____ |
| **$26/hr each remaining hour/day** | _____ |
| **Total Paid** | _____ |

# NURSE

<u>SERVICES RENDERED TIMESHEET</u>

Pay period start date:    8/5/2023
Pay period end date:    8/18/2023

Any extra hours will be
paid on the
Sep 5, 2023 pay date

**Print Name** _____

**Student's Name(s):** _____

| Day | | Start Time | End Tme | Total Hours |
|---|---|---|---|---|
| **Saturday** | 8/5/2023 | | | |
| **Sunday** | 8/6/2023 | | | |
| **Monday** | 8/7/2023 | | | |
| **Tuesday** | 8/8/2023 | | | |
| **Wednesday** | 8/9/2023 | | | |
| **Thursday** | 8/10/2023 | | | |
| **Friday** | 8/11/2023 | | | |
| **Saturday** | 8/12/2023 | | | |
| **Sunday** | 8/13/2023 | | | |
| **Monday** | 8/14/2023 | | | |
| **Tuesday** | 8/15/2023 | | | |
| **Wednesday** | 8/16/2023 | | | |
| **Thursday** | 8/17/2023 | | | |
| **Friday** | 8/18/2023 | | | |
| | | **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.*