

<b><u>Treasurer's Office Use Only</u></b>	
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: 5/6/2026

Pay period end date: 5/20/2026

06/05/2026 pay date

Print Name: \_\_\_\_\_

Student's Name(s): \_\_\_\_\_

Day		Start Time	End Tme	Total Hours
Wednesday	5/6/2026			
Thursday	5/7/2026			
Friday	5/8/2026			
Saturday	5/9/2026			
Sunday	5/10/2026			
Monday	5/11/2026			
Tuesday	5/12/2026			
Wednesday	5/13/2026			
Thursday	5/14/2026			
Friday	5/15/2026			
Saturday	5/16/2026			
Sunday	5/17/2026			
Monday	5/18/2026			
Tuesday	5/19/2026			
Wednesday	5/20/2026			
		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.**