

<u>Treasurer's Office Use Only</u>	
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: 7/21/2026

Pay period end date: 8/5/2026

08/20/2026 pay date

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

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

Day		Start Time	End Time	Total Hours
Tuesday	7/21/2026			
Wednesday	7/22/2026			
Thursday	7/23/2026			
Friday	7/24/2026			
Saturday	7/25/2026			
Sunday	7/26/2026			
Monday	7/27/2026			
Tuesday	7/28/2026			
Wednesday	7/29/2026			
Thursday	7/30/2026			
Friday	7/31/2026			
Saturday	8/1/2026			
Sunday	8/2/2026			
Monday	8/3/2026			
Tuesday	8/4/2026			
Wednesday	8/5/2026			
		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.**