

<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: 8/21/2026

Pay period end date: 9/4/2026

09/18/2026 pay date

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

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

Day		Start Time	End Tme	Total Hours
Friday	8/21/2026			
Saturday	8/22/2026			
Sunday	8/23/2026			
Monday	8/24/2026			
Tuesday	8/25/2026			
Wednesday	8/26/2026			
Thursday	8/27/2026			
Friday	8/28/2026			
Saturday	8/29/2026			
Sunday	8/30/2026			
Monday	8/31/2026			
Tuesday	9/1/2026			
Wednesday	9/2/2026			
Thursday	9/3/2026			
Friday	9/4/2026			
		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.**