

# Fairfield Local Schools

# Nurse Timesheet

Employee Name: \_\_\_\_\_

Pay Period Ending: \_\_\_\_\_

Pay Date: \_\_\_\_\_

"X" one of the boxes below.

Regular Nurse

OR

Substitute Nurse

DAY	DATE	START	STOP	TOTAL
Week #1 of 2	MM/DD/YYYY	Time	Time	Hours
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
			<b>TOTAL WEEK #1</b>	
Week #2 of 2				
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
			<b>TOTAL WEEK #2</b>	
			<b>GRAND TOTAL</b>	

I certify this to be a true statement of my hours for this pay period.

I understand that falsification of this statement could be grounds for immediate dismissal.

Required  
Signatures: \_\_\_\_\_  
Employee

\_\_\_\_\_  
Supervisor/Date (Signature indicates review and approval)

The day for an Nurse consists of 8 hours with no time deducted for lunch.

Pay Date Calendar is on the back for your information.