



Shannon Duserick
Assistant Director Programs & Services

**SUPPORT SERVICES REQUEST FOR
Nursing Services
(RN, LPN, Health Aide, NP)**

DATE: _____ for: _____ SCHOOL DISTRICT _____

Services Requested:

399.035.001	<input type="checkbox"/>	RN	# hrs _____ /days _____	<u>\$71.00/\$532.50</u>
399.035.002	<input type="checkbox"/>	LPN	# hrs _____ /days _____	<u>\$50.00/\$375.00</u>
399.035.003	<input type="checkbox"/>	Health Aide	# hrs _____ /days _____	<u>\$40.00/\$300.00</u>
399.035.004	<input type="checkbox"/>	Nurse Practitioner	# hrs _____ /days _____	<u>\$90.00/\$675.00</u>

Requesting services for _____ (program/student)

Dates of service _____ Location of service _____

Details _____

Total cost of new service _____

Contact Person _____ Phone _____

Email _____

Approved by _____ *AUTHORIZED SIGNATURE* _____ *DATE* _____

- Billing will reflect actual hours/days utilized.

Please return to:
Shannon Duserick
Student Programs & Services
41 O'Connor Road
Fairport, NY 14450
Phone (585) 383-2216
Shannon_Duserick@Boces.monroe.edu