	A	B	C	D	E	F	G	H	I	J	K	L
1	***Haverhill Public Schools***											
2	***RESPONSIBILITY CENTER Administrator Payroll Report PP 15***											
3												
4	**Department Name:**							**Two week period ended:**			**1/19/2019**	
5												
6												
7	**Period Begins: 1/6**	**APPROVED BY:**								**SUPERVISOR:**		
8												
9	**Period Ends: 1/19**	**P/R Dept # Hourly/Salary (H/S)**		1/6 1/13 Sun	1/7 1/14 Mon	1/8 1/15 Tues	1/9 1/16 Wed	1/10 1/17 Thurs	1/11 1/18 Fri	1/12 1/19 Sat	Hourly employees # hours worked	
10	**Employee Name:**		wk 1									
11	**Initals**		wk 2									
12	**Employee Name:**		wk 1									
13	**Initals**		wk 2									
14	**Employee Name:**		wk 1									
15	**Initals**		wk 2									
16	**Employee Name:**		wk 1									
17	**Initals**		wk 2									
18	**Employee Name:**		wk 1									
19	**Initals**		wk 2									