

Pay Authorization Sheet

Haverhill Public Schools

School: _____

Supervisor Signature: _____

Pay Period: _____

I hereby approve the below payroll and affirm that the statements contained herein are true according to my best knowledge and belief and are made subject to the penalties of perjury

Pay Date: _____

Prepared by: _____



Regular Time	Hours	Amount
Salaried Hours (Work Agreement)	<input type="text"/>	<input type="text"/>
Hours Entered (Time Card Actual)	<input type="text"/>	<input type="text"/>
Total Hours (Regular Units)	<input type="text"/>	<input type="text"/>



Overtime	Hours	Amount
Hours Entered (Time Card Actual)	<input type="text"/>	<input type="text"/>
Total Hours (OT Units)	<input type="text"/>	<input type="text"/>



DO NOT LOCK FILE