

## Haverhill Public Schools

|--|

School/Department:		Principal/Supervisor Name:			Principal/Supervisor Signature:			Account # ???????.4.????.????????????????????				
Pay Period:	16		r									
Start Date:	1/14/2024	г		<u>Sunday</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	Thursday	Friday	<u>Saturday</u>	DUE:	
End Date:	1/27/2024		Vk 1	1/14/2024	1/15/2024	1/16/2024	1/17/2024	1/18/2024	1/19/2024	1/20/2024	1/26/2024	
Pay Date	2/2/2024	V	Vk 2	1/21/2024	1/22/2024	1/23/2024	1/24/2024	1/25/2024	1/26/2024	1/27/2024	Weekly Tetel	
Employee Name:			Ţ								Weekly Total	
Employee Signature:			Week									
Time Entry Description/Job Performed:			ek 2								Weekly Total	<u>Grand Total</u>
Notes: (for office use only)			Week									
Employee Name:										Weekly Total		
			1 1									
Employee Signature:			Week									
Time Entry Description/Job Performed:										Weekly Total		
			k 2									
Notes: (for office use only)			Week									
												·
Employee Name:										Weekly Total		
			ek 1									
Employee Signature:		Week										
Time Entry Description/Job Performed:										Weekly Total		
			k 2									
Notes: (for office use only)		Week										

This certifies the above has worked 100% of his/her time for this pay period on the federal grant program listed above