Haverhill Public Schools
BiWeekly Payroll Timesheet

School/Department:	Principal/Supervisor Name:	Principal/Supervisor Signature:	Account # ???????.4.????.????.??.???.??.?? _____.4._____.____.__.___.__.__

Pay Period: 17
Start Date: 1/28/2024
End Date: 2/10/2024
Pay Date 2/16/2024

		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	DUE: 2/9/2024
	Wk 1	1/28/2024	1/29/2024	1/30/2024	1/31/2024	2/1/2024	2/2/2024	2/3/2024	
	Wk 2	2/4/2024	2/5/2024	2/6/2024	2/7/2024	2/8/2024	2/9/2024	2/10/2024	

Block 1

Employee Name:

Employee Signature:

	Week 1								Weekly Total	

Time Entry Description/Job Performed:

Notes: (for office use only)

	Week 2								Weekly Total	Grand Total

Block 2

Employee Name:

Employee Signature:

	Week 1								Weekly Total	

Time Entry Description/Job Performed:

Notes: (for office use only)

	Week 2								Weekly Total	

Block 3

Employee Name:

Employee Signature:

	Week 1								Weekly Total	

Time Entry Description/Job Performed:

Notes: (for office use only)

	Week 2								Weekly Total	

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