

Haverhill Public Schools

BiWeekly Payroll Timesheet

School/Department:	Principal/Supervisor Name:	Principal/Supervisor Signature:	Account # ??????.4.?????????????? _____ . 4 . _____
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Pay Period: 21

Start Date: 3/24/2024

End Date: 4/6/2024

Pay Date 4/12/2024

		<u>Sunday</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	DUE: 4/5/2024	
	Wk 1	3/24/2024	3/25/2024	3/26/2024	3/27/2024	3/28/2024	3/29/2024	3/30/2024		
	Wk 2	3/31/2024	4/1/2024	4/2/2024	4/3/2024	4/4/2024	4/5/2024	4/6/2024		
Employee Name:	Week 1								Weekly Total	
Employee Signature:										
Time Entry Description/Job Performed:	Week 2								Weekly Total	Grand Total
Notes: (for office use only)										

Employee Name:	Week 1								Weekly Total	
Employee Signature:										
Time Entry Description/Job Performed:	Week 2								Weekly Total	
Notes: (for office use only)										

Employee Name:	Week 1								Weekly Total	
Employee Signature:										
Time Entry Description/Job Performed:	Week 2								Weekly Total	
Notes: (for office use only)										

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