Haverhill Public Schools
BiWeekly Payroll Timesheet

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

Pay Period: **2**

Start Date: 6-30-2024
End Date: 7-13-2024
Pay Date **7-19-2024**

DUE: 7-12-2024

		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	Wk 1	6-30-2024	7-1-2024	7-2-2024	7-3-204	7-4-2024	7-5-2024	7-6-2024
	Wk 2	7-7-2024	7-8-2024	7-9-2024	7-10-2024	7-11-2024	7-12-2024	7-13-2024

Entry 1

Employee Legal Name:	Week 1								Weekly Total	
Employee Signature:										
Time Entry Description:	Week 2								Weekly Total	Grand Total
Notes: (for office use only)										

Entry 2

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

Entry 3

Employee Legal Name:	Week 1								Weekly Total	
Employee Signature:										
Time Entry Description:	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