



Haverhill Public Schools BiWeekly Payroll Timesheet



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

Start Date: 7-28-2024

End Date: 8-10-2024

Pay Date 8-16-2024

DUE:
8-9-2024

		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday		
		7-28-2024	7-29-2024	7-30-2024	7-31-2024	8-1-2024	8-2-2024	8-3-2024		
Employee Legal Name:	Wk 1								Weekly Total	
	Wk 2	8-4-2024	8-5-2024	8-6-2024	8-7-2024	8-8-2024	8-9-2024	8-10-2024	<input style="width: 100%; height: 100%;" type="text"/>	
Employee Signature:	Week 1								<input style="width: 100%; height: 100%;" type="text"/>	
Time Entry Description:	Week 2								Weekly Total	<input style="width: 100%; height: 100%;" type="text"/>
Notes: (for office use only)									<input style="width: 100%; height: 100%;" type="text"/>	

Employee Legal Name:	Week 1								Weekly Total	
Employee Signature:									<input style="width: 100%; height: 100%;" type="text"/>	
Time Entry Description:	Week 2								Weekly Total	<input style="width: 100%; height: 100%;" type="text"/>
Notes: (for office use only)									<input style="width: 100%; height: 100%;" type="text"/>	

Employee Legal Name:	Week 1								Weekly Total	
Employee Signature:									<input style="width: 100%; height: 100%;" type="text"/>	
Time Entry Description:	Week 2								Weekly Total	<input style="width: 100%; height: 100%;" type="text"/>
Notes: (for office use only)									<input style="width: 100%; height: 100%;" type="text"/>	

This certifies the above has worked 100% of his/her time for this pay period on the Federal Grant Program listed above