Haverhill Public Schools
BiWeekly Payroll Timesheet

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

Pay Period: **15**

Start Date: 12-29-2024
End Date: 01-11-2025
Pay Date **01-17-2025**

DUE:
01-10-2025

		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	Wk 1	12-29-2024	12-30-2024	12-31-2024	01-01-2025	01-02-2025	01-03-2025	01-04-2025
	Wk 2	01-05-2025	01-06-2025	01-07-2025	01-08-2025	01-09-2025	01-10-2025	01-11-2025

Entry 1

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

Entry 2

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

Entry 3

Employee Name:										Weekly Total
Employee Signature:	Week 1									
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