Haverhill Public Schools
CUSTODIAL DIFFERENTIAL
Verification Sheet

School: _____

Date: _____Pay Period: _____

Name: _____

Name of employee working for: _____

Event/Reason: _____

Sponsoring Group: _____

Beginning Time: _____

Ending Time: _____

Total # shift differential hours: _____

Approved: _____

Head Custodian

Approved: _____

Principal

Revised 07/28/2025