

*** Indicates Required Field**



**Haverhill Public Schools
BiWeekly Payroll Timesheet**



* School/Department:	Principal/Supervisor Name:	* Principal/Supervisor Signature:	* Account # ????????.4.?????.?????.???.???.???
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Pay Period: **16**

Start Date: 01/18/2026

End Date: 01/31/2026

Pay Date **02/06/2026**

**DUE:
01/30/2026**

		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday		
Wk 1		01/18/2026	01/19/2026	01/20/2026	01/21/2026	01/22/2026	01/23/2026	01/24/2026		
Wk 2		01/25/2026	01/26/2026	01/27/2026	01/28/2026	01/29/2026	01/30/2026	01/31/2026		
* Employee LEGAL Name: * PRINT: Last, First, Mid Int	Week 1								* Weekly Total	
* Employee Signature:										
* Time Entry Description/ Specified Job Title:	Week 2								* Weekly Total	* Grand Total
Notes: (for office use only)										

* Employee LEGAL Name: * PRINT: Last, First, Mid Int	Week 1								* Weekly Total	
* Employee Signature:										
* Time Entry Description/ Specified Job Title:	Week 2								* Weekly Total	* Grand Total
Notes: (for office use only)										

* Employee LEGAL Name: * PRINT: Last, First, Mid Int	Week 1								* Weekly Total	
* Employee Signature:										
* Time Entry Description/ Specified Job Title:	Week 2								* Weekly Total	* Grand 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