

*** Indicates Required Field**



**Haverhill Public Schools
BiWeekly Payroll Timesheet**



* School/Department:	Principal/Supervisor Name:	* Principal/Supervisor Signature:	* Account # ????????.4.?????.?????.???.???.???.?? ----- . 4 . -----
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Pay Period: **19**
 Start Date: 03/01/2026
 End Date: 03/14/2026
 Pay Date: **03/20/2026**

**DUE:
03/13/2026**

		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday		
	Wk 1	03/01/2026	03/02/2026	03/03/2026	03/04/2026	03/05/2026	03/06/2026	03/07/2026		
	Wk 2	03/08/2026	03/09/2026	03/10/2026	03/11/2026	03/12/2026	03/13/2026	03/14/2026		
* Employee LEGAL Name: * PRINT: Last, First, Mid Int	Week 1								* Weekly Total	
* Employee Signature:									<input type="text"/>	
* Time Entry Description/ Specified Job Title:	Week 2								* Weekly Total	* Grand Total
Notes: (for office use only)									<input type="text"/>	

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

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

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