

*** 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: **23**

Start Date: 04/26/2026

End Date: 05/09/2026

Pay Date: **05/15/2026**

**DUE:
05/08/2026**

		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday		
	Wk 1	04/26/2026	04/27/2026	04/28/2026	04/29/2026	04/30/2026	05/01/2026	05/02/2026		
	Wk 2	05/03/2026	05/04/2026	05/05/2026	05/06/2026	05/07/2026	05/08/2026	05/09/2026		
* 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