



Haverhill Public Schools
BiWeekly Payroll Timesheet



*** Indicates Required Field**

* School & Department:	Principal/Supervisor Name:	* Principal/Supervisor Signature:	* Account # ??????.4.???????????????? -----4.-----
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Pay Period: **6**

Start Date: 8-31-2025

End Date: 9-13-2025

Pay Date: **9-19-2025**

DUE:
9-12-2025

		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday		
	Wk 1	8/31/2025	9/01/2025	9/02/2025	9/03/2025	9/04/2025	9/05/2025	9/06/2025		
	Wk 2	9/07/2025	9/08/2025	9/09/2025	9/10/2025	9/11/2025	9/12/2025	9/13/2024		
* Employee LEGAL Name:	* PRINT: Last, First, Mid Int								* Weekly Total	
* Employee Signature:										
* Time Entry Description/ Specified Job Title:									* Weekly Total	* Grand Total
Notes: (for office use only)										

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

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