* Indicates Required Field

Haverhill Public Schools
BiWeekly Payroll Timesheet

* School/Department:	Principal/Supervisor Name:	*** Principal/Supervisor Signature:**	*** Account # ???????.4.????.????.??.???.??.??** _ _ _ _ _ _ _ . 4 . _ _ _ _ . _ _ _ _ . _ _ . _ _ _ . _ _ . _ _

Pay Period: 8

Start Date: 9/28/2025

End Date: 10/11/2025

Pay Date 10-17-2025

DUE: *THURSDAY* 10/09/2025

		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
	Wk 1	9/28/2025	9/29/2025	9/30/2025	10/01/2025	10/02/2025	10/03/2025	10/04/2025	
	Wk 2	10/05/2025	10/06/2025	10/07/2025	10/08/2025	10/09/2025	10/10/2025	10/11/2025	

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

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

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

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