* Indicates Required Field

Haverhill Public Schools
BiWeekly Payroll Timesheet

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

Pay Period: **9**
Start Date: 10/12/2025
End Date: 10/25/2025
Pay Date **10/31/2025**

DUE:
10/24/2025

		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	Wk 1	10/12/2025	10/13/205	10/14/2025	10/15/2025	10/16/2025	10/17/2025	10/18/2025
	Wk 2	10/19/2025	10/20/2025	10/21/2025	10/22/2025	10/23/2025	10/24/2025	10/25/2025

Employee 1

* 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 2

* 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 3

* 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