* Indicates Required Field

Haverhill Public Schools
BiWeekly Payroll Timesheet

* School/Department:	* Principal/Supervisor Name:	* Principal/Supervisor Signature:	* Account # ???????.4.????.????.??.???.??.??
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Pay Period: **5**

Start Date: 8-17-2025
End Date: 8-30-2025
Pay Date 9-5-2025

DUE:
8-29-2025

		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	Wk 1	8-17-2025	8-18-2025	8-19-2025	8-20-2025	8-21-2025	8-22-2025	8-23-2025
	Wk 2	8-24-2025	8-25-2025	8-26-2025	8-27-2025	8-28-2025	8-29-2025	8-30-2025

Employee Block 1

* Employee LEGAL Name: *** PRINT:** Last, First, Mid Int

* Employee Signature:

* Time Entry Description/ Specified Job Title:

Notes: (for office use only)

| Week 1 | | | | | | | | * Weekly Total |
| Week 2 | | | | | | | | * Weekly Total / * Grand Total |

Employee Block 2

* Employee LEGAL Name: *** PRINT: Last, First, Mid Int**

* Employee Signature:

* Time Entry Description/ Specified Job Title:

Notes: (for office use only)

| Week 1 | | | | | | | | * Weekly Total |
| Week 2 | | | | | | | | * Weekly Total / * Grand Total |

Employee Block 3

* Employee LEGAL Name: *** PRINT:** Last, First, Mid Int

* Employee Signature:

* Time Entry Description/ Specified Job Title:

Notes: (for office use only)

| Week 1 | | | | | | | | * Weekly Total |
| 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