

**Employee's Timesheet to be received no later than 3 pm on Tuesday on timetable**

Employee's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Phone No: \_\_\_\_\_

Mobile No: \_\_\_\_\_

**PLEASE NOTE: Holiday and Sickness pay MUST state hours/half hours etc. that you are claiming. The employer must advise the Payroll department of any changes to rates of pay separately on an Advice Slip (obtained from Payroll department) prior to PA claiming the new rates.**

**Pay Rates:**

**A** = Set rate per hour     £ \_\_\_\_\_

**E** = Sleepover rate     £ \_\_\_\_\_

**H** = Holiday

**B** = Waking nights     £ \_\_\_\_\_

**F** = Half hour rate     £ \_\_\_\_\_

**S** = Sick

**C** = Evening rate     £ \_\_\_\_\_

**G** = ¼ hour rate     £ \_\_\_\_\_

**SC** = Social Care Rate

**D** = Weekend rate     £ \_\_\_\_\_

**K** = ¾ hour rate     £ \_\_\_\_\_

£ \_\_\_\_\_

Date Week Commencing	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	For Office Use Only
					Post timesheet today			

**PLEASE NOTE: if you are sending Timesheets via email, they MUST go to: [timesheet@disabilitypartnership.org.uk](mailto:timesheet@disabilitypartnership.org.uk) or they will not be processed.**

Employer's Signature: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_