


Personal Assistant 4 Weekly Timesheet

| | | | |
|---|-------------------|---------------|--|
| Personal Assistant Name | Pay Period | | |
| Employer / Client Name & Address | | | |
| | From | Monday | |
| | To | Sunday | |

*Please e-mail to finance@sicasupport.co.uk or fax to 01274 454151 the completed and signed timesheets by **NO LATER** than 12.00 noon Monday following the end of this period.*

Please note, late or incorrect timesheets may result in late payment of salaries and that all payments are made in arrears

| Wk 1 | Day | | Night | | Sleep/ Session | Total hours for day | Wk 3 | Day | | Night | | Sleep/ Session | Total hours for day |
|----------------|--|---|-------|---|-------------------|------------------------------|---|-----|---|-------|---|-------------------|------------------------------|
| | S | F | S | F | | | | S | F | S | F | | |
| Mon | | | | | | | Mon | | | | | | |
| Tues | | | | | | | Tues | | | | | | |
| Wed | | | | | | | Wed | | | | | | |
| Thurs | | | | | | | Thurs | | | | | | |
| Fri | | | | | | | Fri | | | | | | |
| Sat | | | | | | | Sat | | | | | | |
| Sun | | | | | | | Sun | | | | | | |
| Wk 2 | | | | | | | Wk 4 | | | | | | |
| Mon | | | | | | | Mon | | | | | | |
| Tues | | | | | | | Tues | | | | | | |
| Wed | | | | | | | Wed | | | | | | |
| Thurs | | | | | | | Thurs | | | | | | |
| Fri | | | | | | | Fri | | | | | | |
| Sat | | | | | | | Sat | | | | | | |
| Sun | | | | | | | Sun | | | | | | |
| | | | | | | | Total Worked Hours for the period | | | | | | |
| Holiday | Holiday Pay claimed in this period – Please note that holiday hours can only be claimed when you are not working – if you are working part of the period the total hours between working and holiday hours must not exceed your normal monthly hours. | | | | | | | | | | | | |
| | | | | | | | Total combined hours claimed for month | | | | | | |

For Personal Assistant: I hereby certify that the above is a correct record of the hours and or sessions that I have worked and accept the conditions of work supplied to me. I further confirm that I suffered no accident or injury during the course of this assignment.

Signature _____ Print Name _____ Date: _____

For Employer: I hereby certify that the total number of hours worked as shown above is a correct record of the hours worked by the above named Personal Assistant.

Signature _____ Print Name _____ Date: _____

If you have any queries, please contact us on 01274 454150 or email payroll at finance@sicasupport.co.uk

PO Box 1200, Bradford, BD1 9WJ Telephone 01274 454150 Fax 01274 454151 info@sicasupport.co.uk

Brokerage—Payroll—Support planning— Fund management