

Employer: _____

Reference: _____

Employee: _____

Pay period: _____ to _____



**Parent & Carer
Alliance C.I.C.**

For the payroll to be processed on time **you must** ensure the timesheet is sent to **timesheets@parentandcareralliance.org.uk**
by 5pm on the Monday immediately after the pay period ends. Please direct any general enquiries to payroll@parentandcareralliance.org.uk

	Date	Start time	Finish time	Break	Holiday hours	Total hours	Hourly Rate	Mileage	Expenses
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									

TOTAL HOURS FOR THE WEEK

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Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									

TOTAL HOURS FOR THE WEEK

--

Employer signature: _____

Employee signature: _____

By adding my signature, I confirm that the information on this form is correct and complete, and that I understand that deliberately submitting incorrect information on this form could lead to criminal and civil proceedings.

Employer: _____

Reference: _____

Employee: _____

Pay period: _____ to _____

Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									

TOTAL HOURS FOR THE WEEK

Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									

TOTAL HOURS FOR THE WEEK

TOTAL HOURS FOR 4-WEEK PERIOD:

I confirm that the information on this form is correct and complete, and that deliberately submitting incorrect information on this form could lead to criminal and civil proceedings.

Employer signature: _____

Employee signature: _____

Parent and Carer Alliance CIC will ensure that the payroll is processed for the period based on the contents of this timesheet. Please notify us of any changes or errors as soon as possible. Incomplete or illegible timesheets will not be processed, which will result in a delay in the payroll calculations.