

DIRECT PAYMENT TIMESHEET

Employers Name: _____

Payroll: _____

Personal Assistants Name: _____

Period Ending: _____

| Day | Start time | Finish time | Start time | Finish time | Total Hours | Code | Sleep * |
|----------------------|------------|-------------|------------|-------------|-------------|------|---------|
| Mon | | | | | | | |
| Tue | | | | | | | |
| Wed | | | | | | | |
| Thu | | | | | | | |
| Fri | | | | | | | |
| Sat | | | | | | | |
| Sun | | | | | | | |
| Weekly Total | | | | | | | |
| Mon | | | | | | | |
| Tue | | | | | | | |
| Wed | | | | | | | |
| Thu | | | | | | | |
| Fri | | | | | | | |
| Sat | | | | | | | |
| Sun | | | | | | | |
| Weekly Total | | | | | | | |
| Mon | | | | | | | |
| Tue | | | | | | | |
| Wed | | | | | | | |
| Thu | | | | | | | |
| Fri | | | | | | | |
| Sat | | | | | | | |
| Sun | | | | | | | |
| Weekly Total | | | | | | | |
| Mon | | | | | | | |
| Tue | | | | | | | |
| Wed | | | | | | | |
| Thu | | | | | | | |
| Fri | | | | | | | |
| Sat | | | | | | | |
| Sun | | | | | | | |
| Weekly Total | | | | | | | |
| TOTAL PAYABLE | | | | | | | |

Codes: A/L - Annual Leave S/L - Sick Leave P/A - Paid Absence

| |
|------------------------------------------|
| Only complete if funding has been agreed |
| Miles claimed: |
| Other Expenses £ |

We agree this is a true record

Employers Signature: _____

PA's Signature: _____

Date of Leaving:

Please ensure we have an up to date email address for you in order to send your payslips