

* Should be received by PRO Disability no later than 7 working days before the pay date

Employer's Name:	Employee's Name:

IMPORTANT - COMPLETION NOTES, PLEASE READ:

Enter Rate of Pay = Enter the appropriate hourly rate of pay.

Date = Enter the date the hours were worked.

Hours for Payment = Record the number of hours worked in the columns below. Please take care to ensure that the hours are entered under the correct date and Rate of Pay column.

Holiday = Enter 'H' for Holiday in the Holiday Indicator column against the relevant date. Also record the number of hours holiday that are to be paid in the appropriate Rate of Pay columns. Please ensure that your employee has not exceeded their holiday entitlement, and record the holiday on your Personal Assistant Holiday Form provided.

Sickness = If your employee is absent from work due to illness, enter 'Sick' in any column against every date that they are ill.

		Hours for Payment	Hours for Payment	Hours for Payment	Hours for Payment
Enter rate of pay		@ £ per hr	@ £ per hr	@ £ per hr	@ £ per hr
Date		Week One			
	Holiday Indicator				
Mon					
Tue					
Wed					
Thur					
Fri					
Sat					
Sun					
Date		Week Two			
	Holiday Indicator				
Mon					
Tue					
Wed					
Thur					
Fri					
Sat					
Sun					
TOTAL HRS TO PAY					

Checked and Authorised for Payment:

Employee's Signature:	Date:
Employee's Signature:	Date:

Please keep this timesheet for your records, or if returning to Prodisability, then please make sure that all the columns are completed and a summary form is attached.