



Employer: _____

Reference: _____

Employee: _____

Pay period: _____ to _____

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

Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								

TOTAL HOURS FOR THE WEEK

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.
 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.

Employer signature: _____

Employee signature: _____