PERSONAL ASSISTANT TIMESHEET

Service User: _____

Employee Name: _____

POA / Guardian: _____
IF APPLICABLE

Employee Signature: _____

Authorised Signature: _____

WEEK 16   2025/26

Week Commencing	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Total
07-Jun-25	7	8	9	10	11	12	13	
14-Jun-25	14	15	16	17	18	19	20	
21-Jun-25	21	22	23	24	25	26	27	
28-Jun-25	28	29	30	1	2	3	4	

PLEASE NOTE: BOXES ABOVE ARE FOR WORKED HOURS ONLY

Total Hours Worked [ ]

SDS FUNDED		ILF FUNDED		RESPITE		PAID LEAVE	
HOURS	[ ]	HOURS	[ ]	HOURS	[ ]	SICK WITH PAY (SWP) SDS ONLY	[ ]
SLEEPOVERS	[ ]	SLEEPOVERS	[ ]	SLEEPOVERS	[ ]	SICK WITH PAY S/O (SWP) SDS ONLY	[ ]
HOLIDAY HOURS	[ ]	HOLIDAY HOURS	[ ]			RETAINED WITH PAY (RWP)	[ ]
SLEEPOVER HOLIDAYS	[ ]	SLEEPOVER HOLIDAYS	[ ]			ABSENT WITH PAY (AWP)	[ ]

IMPORTANT INFORMATION

PERIOD START	**SATURDAY 07-Jun-25**
DUE TO AILN OFFICES	**MONDAY 07-Jul-25**
OFFICIAL PAY DATE	**FRIDAY 11-Jul-25**
EMAIL ADDRESS	**TIMESHEETS@AILN.ORG**
POST ADDRESS	**Ayrshire Independent Living Network**
	The Michael Lynch Centre for Enterprise
	71 Princes Street, Ardrossan, KA22 8DG

Please ensure that all timesheets for personal assistants are sent together, or sent with a note that there are more to be received.

NOTES

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