

# PERSONAL ASSISTANT TIMESHEET

Service User: \_\_\_\_\_

Employee Name: \_\_\_\_\_

POA / Guardian: \_\_\_\_\_

*IF APPLICABLE*

Employee Signature: \_\_\_\_\_

Authorised Signature: \_\_\_\_\_

**WEEK 20**    **2025/26**

Week Commencing	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Total
05-Jul-25	5	6	7	8	9	10	11	
12-Jul-25	12	13	14	15	16	17	18	
19-Jul-25	19	20	21	22	23	24	25	
26-Jul-25	26	27	28	29	30	31	1	

**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) <b>SDS ONLY</b>	
SLEEPOVERS		SLEEPOVERS		SLEEPOVERS		SICK WITH PAY S/O (SWP) <b>SDS ONLY</b>	
HOLIDAY HOURS		HOLIDAY HOURS				RETAINED WITH PAY (RWP)	
SLEEPOVER HOLIDAYS		SLEEPOVER HOLIDAYS				ABSENT WITH PAY (AWP)	

## IMPORTANT INFORMATION

PERIOD START  
DUE TO AILN OFFICES  
OFFICIAL PAY DATE  
EMAIL ADDRESS  
POST ADDRESS

**SATURDAY 05-Jul-25**  
**MONDAY 04-Aug-25**  
**FRIDAY 08-Aug-25**  
**TIMESHEETS@AILN.ORG**  
Ayrshire Independent Living Network  
The Michael Lynch Centre for Enterprise  
71 Princes Street, Ardrossan, KA22 8DG

## NOTES

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