

Week No. 48
Year 2022/2023
Period Start Date 21-Jan-23

Ayrshire Independent Living Network
 The Michael Lynch Centre for Enterprise
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PERSONAL ASSISTANT TIMESHEET

Week Commencing	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Total
21-Jan-23	21	22	23	24	25	26	27	
28-Jan-23	28	29	30	31	1	2	3	
04-Feb-23	4	5	6	7	8	9	10	
11-Feb-23	11	12	13	14	15	16	17	

PLEASE NOTE: BOXES ABOVE ARE FOR WORKED HOURS ONLY

Total Hours Worked

SDS Hours	<input style="width: 60px; height: 20px;" type="text"/>	Hours Sick With Pay (SWP) >	<input style="width: 40px; height: 20px;" type="text"/>	ILF	<input style="width: 40px; height: 20px;" type="text"/>	Holiday Hours >	<input style="width: 40px; height: 20px;" type="text"/>	ILF	<input style="width: 40px; height: 20px;" type="text"/>
ILF Hours	<input style="width: 60px; height: 20px;" type="text"/>	Sleepovers Sick With Pay >	<input style="width: 40px; height: 20px;" type="text"/>	ILF	<input style="width: 40px; height: 20px;" type="text"/>	Holiday Sleepovers >	<input style="width: 40px; height: 20px;" type="text"/>	ILF	<input style="width: 40px; height: 20px;" type="text"/>
Sleepovers	<input style="width: 40px; height: 20px;" type="text"/> SDS <input style="width: 40px; height: 20px;" type="text"/> ILF	Hours Retained With Pay (RWP) >	<input style="width: 40px; height: 20px;" type="text"/>	ILF	<input style="width: 40px; height: 20px;" type="text"/>	Public Holiday Hours >	<input style="width: 40px; height: 20px;" type="text"/>	ILF	<input style="width: 40px; height: 20px;" type="text"/>
Respite Hours	<input style="width: 40px; height: 20px;" type="text"/> SDS <input style="width: 40px; height: 20px;" type="text"/> ILF	Hours Absent With Pay (AWP) >	<input style="width: 40px; height: 20px;" type="text"/>	ILF	<input style="width: 40px; height: 20px;" type="text"/>	Public Holiday Sleepovers >	<input style="width: 40px; height: 20px;" type="text"/>	ILF	<input style="width: 40px; height: 20px;" type="text"/>

KEY BOX
 Holiday - H
 Sick with pay - SWP
 Retained with pay - RWP
 Absent with pay - AWP

Employee
Print Name: _____

Employee
Signature: _____

Employer
Print Name: _____

Employer
Signature: _____

FOR EMPLOYEE COMPLETION	FOR NON EMAIL CLIENTS ONLY	FOR EMPLOYER COMPLETION
PLEASE TICK THE FOLLOWING BOX IF YOU WOULD LIKE EMAIL PAYSLEIPS/P60 <input style="width: 20px; height: 15px;" type="checkbox"/>	PLEASE TICK THE FOLLOWING BOX IF YOU WOULD LIKE YOUR PAYROLL PACK EMAILED <input style="width: 20px; height: 15px;" type="checkbox"/>	PLEASE TICK THE FOLLOWING BOX IF YOU WOULD LIKE YOUR PAYROLL PACK EMAILED <input style="width: 20px; height: 15px;" type="checkbox"/>
EMAIL ADDRESS: <input style="width: 80%; height: 20px;" type="text"/>	EMAIL ADDRESS: <input style="width: 80%; height: 20px;" type="text"/>	EMAIL ADDRESS: <input style="width: 80%; height: 20px;" type="text"/>
IF EMAILING TIMESHEETS PLEASE SEND TO timesheets@ailn.org. PLEASE REMEMBER TO SUBMIT TIMESHEETS BY THE DEADLINE TUESDAY 21ST FEBRUARY BY 5PM TO ENSURE PAYMENT IS MADE FOR THE FRIDAY.		