

PERSONAL ASSISTANT TIMESHEET

Service User: _____

Employee Name: _____

POA / Guardian: _____

IF APPLICABLE

Employee Signature: _____

Authorised Signature: _____

WEEK 8 2024/25

Week Commencing	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Total
13-Apr-24	13	14	15	16	17	18	19	
20-Apr-24	20	21	22	23	24	25	26	
27-Apr-24	27	28	29	30	1	2	3	
04-May-24	4	5	6	7	8	9	10	

PLEASE NOTE: BOXES ABOVE ARE FOR WORKED HOURS ONLY

Total Hours Worked

<div style="border: 1px solid black; width: 100%; height: 100%;"></div>

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

<p>PERIOD START DUE TO AILN OFFICES OFFICIAL PAY DATE EMAIL ADDRESS POST ADDRESS</p>	<p>SATURDAY 13-Apr-24 MONDAY 13-May-24 FRIDAY 17-May-24 TIMESHEETS@AILN.ORG Ayrshire Independent Living Network The Michael Lynch Centre for Enterprise 71 Princes Street, Ardrossan, KA22 8DG</p>
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NOTES

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