WECIL
supporting independent living

WECIL REF: _____   **MONTH ENDING:** _____

EMPLOYER NAME: _____   **SIGNATURE:** _____

EMPLOYEE NAME: _____   **SIGNATURE:** _____

	WEEK DAY	WEEK-END	SLEEP NIGHT	WAKE NIGHT	BANK HOL	WEEK DAY	WEEK-END	SLEEP NIGHT	WAKE NIGHT	OTHER LEAVE EG. SICKNESS/MATERNITY
Hourly Rate	£	£	£	£	£	£	£	£	£	**Please indicate first & last day of absence**
Date	(ENTER HOURS WORKED)					(ENTER HOLIDAY HOURS TAKEN)				
1st										
2nd										
3rd										
4th										
5th										
6th										
7th										
8th										
9th										
10th										
11th										
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14th										
15th										
16th										
17th										
18th										
19th										
20th										
21st										
22nd										
23rd										
24th										
25th										
26th										
27th										
28th										
29th										
30th										
31st										
TOTAL										

PLEASE DO NOT FORGET TO PRINT A COPY OF THIS TIMESHEET FOR YOUR OWN RECORDS. They must be retained for 4 years and may be required for inspection by the Local Authority Treasurer

WECIL LTD, THE VASSALL CENTRE, GILL AVENUE, FISHPONDS, BRISTOL BS16 2QQ.

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