



supporting independent living

CYCLE 3: 10TH of Month to 9TH OF NEXT Month Pay Day is 20th of Month

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)				
10th										
11th										
12th										
13th										
14th										
15th										
16th										
17th										
18th										
19th										
20th										
21st										
22nd										
23rd										
24th										
25th										
26th										
27th										
28th										
29th										
30th										
31st										
1st										
2nd										
3rd										
4th										
5th										
6th										
7th										
8th										
9th										
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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