

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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