

Name of Employer: _____ Monthly Period Ending: ____/____/____

Name of Employee: _____ Start Date: ____/____/____ Leave Date: ____/____/____

Normal weekly work pattern: Sun, Mon, Tue, Wed, Thu, Fri, Sat Please cross off days not normally worked

Week Ending	Basic Rate Hours (insert number of hours worked)	Overnights – No. of Nights	Annual Leave (if employee on annual leave insert number of hours they should be paid)	Annual Leave Overnights No. of nights	Sick Leave (insert dates and total hrs that employee is sick)	Public Holidays (insert number of hours to be paid and the rate i.e. single/double)
Sat						
Sat						
Sat						
Sat						
Sat						
TOTAL						

SIGNED by Employee: _____ SIGNED by Employer: _____ Date: _____

If this is the first or last timesheet for a PA, then please add start/leave date.*Please add your company reference number to all timesheets, this is the reference number used when paying LCIL fees.****You will have been provided with the submission dates for timesheets please ensure LCIL payroll team received these by 4pm on that date to ensure that you payroll is processed on time. payroll.team@lothiancil.org.uk**