

PERSONAL ASSISTANT TIMESHEET

Service User: _____

Employee Name: _____

POA / Guardian: _____

IF APPLICABLE

Employee Signature: _____

Authorised Signature: _____

WEEK 24 2024/25

Week Commencing	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Total
03-Aug-24	3	4	5	6	7	8	9	
10-Aug-24	10	11	12	13	14	15	16	
17-Aug-24	17	18	19	20	21	22	23	
24-Aug-24	24	25	26	27	28	29	30	
PLEASE NOTE: BOXES ABOVE ARE FOR WORKED HOURS ONLY								Total Hours Worked

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 style="color: red;">SATURDAY 03-Aug-24 MONDAY 02-Sep-24 FRIDAY 06-Sep-24 TIMESHEETS@AILN.ORG</p> <p style="font-size: small; color: red;">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. This may result in a re-run charge.