

Essex

Client Name:

Purple Ref No.:

Employer Name:

Employer Signature:

Employee Name:

Employee Signature:

I, the employer, can confirm that this is a correct record of the hours worked by my employee for the period detailed. I authorise Purple to process payment and calculate the necessary HMRC payroll based on this information.

		Weekdays		Nights/Weekends		Annual Leave	Off Sick
Day	Date	Hours	Rate	Hours	Rate		
Week 1	Mon						
	Tue						
	Wed						
	Thu						
	Fri						
	Sat						
	Sun						
Week 2	Mon						
	Tue						
	Wed						
	Thu						
	Fri						
	Sat						
	Sun						

		Weekdays		Nights/Weekends		Annual Leave	Off Sick
Day	Date	Hours	Rate	Hours	Rate		
Week 3	Mon						
	Tue						
	Wed						
	Thu						
	Fri						
	Sat						
	Sun						
Week 4	Mon						
	Tue						
	Wed						
	Thu						
	Fri						
	Sat						
	Sun						
	Total						

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