



Thurrock

Client Name:

Employer Name:

Employee Name:

Purple Ref No:

Employer Signature:

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.

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

	Day	Date	Weekdays		Nights/Weekends		Annual Leave	Off Sick
			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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