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U	Changing the conversation

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Customer 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			
	Day	Date	Hours	Rate	Hours	Rate	Annual Leave	Off Sick
	Mon							
	Tue							
-	Wed							
Week 1	Thu							
>	Fri							
	Sat							
	Sun							
	Mon							
	Tue							
	Wed							
Week 2	Thu							
We	Fri							
	Sat							
	Sun							

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

FURTHER COPIES OF THIS TIMESHEET CAN BE OBTAINED FROM OUR WEBSITE - https://wearepurple.org.uk/direct-payment-support/our-contract-areas/essex/