

Client Name:

Employer Name:

Employee Name:

Employer Signature:

Employee Signature:

			Period end Date:				Annual Leave	Off Sick
	Day	Date	Rate 1	Rate 2	Rate 3	Rate 4		
Week 1	Mon							
	Tue							
	Wed							
	Thu							
	Fri							
	Sat							
	Sun							
Week 2	Mon							
	Tue							
	Wed							
	Thu							
	Fri							
	Sat							
	Sun							
Week 3	Mon							
	Tue							
	Wed							
	Thu							
	Fri							
	Sat							
	Sun							
Week 4	Mon							
	Tue							
	Wed							
	Thu							
	Fri							
	Sat							
	Sun							
Total hrs								
Rate £								
Total £								

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.

**email.** leicesterpayroll@wearepurple.org.uk **tel.** 0116 44 22 368

**address.** Purple (Leicester), Leicester Business Centre, 111 Ross Walk, Leicester, LE4 5HH