

HOW TO COMPLETE TIMESHEET SUMMARY

EMPLOYER: SERVICE USERS NAME

GROUP: PAY GROUP (A/B/C/D/E/F/H/J/K/M/P/T.)
(ON ORIGINAL TIMESHEET IF NOT KNOWN).

DEPT/COMP
NUMBER: ALSO TAKEN FROM ORIGINAL TIMESHEET.

**THIS INFORMATION IS VITAL TO ENABLE US TO PAY
YOUR STAFF ON TIME.
FAILURE TO COMPLETE WILL DELAY YOUR STAFF
WAGES.
STAFF MUST STILL COMPLETE THE ORIGINAL
TIMESHEETS**

WORKED HOURS

This should be hours your employees have **worked** during your pay cycle,
Taken from signed timesheets your employees have completed.
(weekly/ fortnightly/ 4 weekly)

ANNUAL LEAVE

Any staff members on holiday at any period of your pay cycle should be recorded
in this table.

SICK LEAVE

Any employee absent from work for any period during your pay cycle must be
recorded in this table.

RETAINER

This column is for amount to be paid to staff when employer is either in hospital
on holiday or in respite care. Usually 75% of normal rate, check with I.L.A at
your local office.

COMMENTS / ATTACHED PAPERWORK

Please make notes of any enclosed forms. (P45, P46, Sick notes, Leavers forms,
Exemption certificates).

Example: JANE SMITH – SICK NOTE ENCLOSED

MUST BE SIGNED BY THE EMPLOYER