

**Disability association Carlisle & Eden – Payroll Service**

<b>Name of Employer</b> .....
----------------------------------

**4 WEEKLY PAYROLL TIMESHEET** for period ending .....

Week ending	Member of staff	Hours worked	Rate of pay	Holiday (number of hours taken)	From	To	Sick hours	From	To
<b>Due into DaCE office by this date</b>									

Authorised by: ..... (Employer)

Date: .....

Please return to:  
**DaCE**  
**1<sup>st</sup> Floor, Unit 3**  
**St Nicholas Street**  
**Carlisle**  
**CA1 2EF**

<b>Adjustments / Notes</b> ..... .....
---