Direct Payments Support Service
Personal Assistant Timesheet

Employer Name: Funder ID Number:

Personal Assistant (PA)/Employee Name:

Period Start Date: Period End Date:

Date	Start Time	End Time	Hours Worked	Hours Taken as Holiday	PA Initial
Total number of hours:					

Comments:

I confirm that I have purchased the above hours of personal assistance for the tasks specified in my individual care plan with the monies provided by my funders.

Employer signature …………………………………………… Date…………………...

For Office Use only: Wk. 1 / 2 / 3 / 4