FALKIRK COUNCIL CASUAL EMPLOYMENT TIMESHEET

| NAME : | | | EMPLOYEE | No: | MONTH: |
|--|-------|----------------|-------------|---|-------------------------|
| POST No: | F | POST TITLE : | | | |
| | | | | | |
| WEEK START DATE: | | WEEK END DATE: | | AUTHORISING MANA | GER (SEE NOTE OVERLEAF) |
| | HOURS | LOCATION | COST CENTRE | SIGNATUR | |
| SATURDAY | | | | | |
| SUNDAY | | | | | |
| MONDAY | | | | | |
| TUESDAY | | | | | |
| WEDNESDAY | | | | | |
| THURSDAY | | | | | |
| FRIDAY | | | | | |
| TOTAL | | | | | |
| TOTAL | | | | | |
| WEEK START DATE: | | WEEK END DATE: | | AUTHORISING MANAG | GER (SEE NOTE OVERLEAF |
| WELKON WILL. | HOURS | LOCATION | COST CENTRE | SIGNATUR | - |
| SATURDAY | HOURS | LOCATION | COOT CENTRE | SIGNATOR | Employee No. |
| SUNDAY | | | | | |
| | | | | | |
| MONDAY | | | | | |
| TUESDAY | 1 | | | | |
| WEDNESDAY | | | | | |
| THURSDAY | | | | | |
| FRIDAY | | | | | |
| TOTAL | | | | | |
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| WEEK START DATE: | 1 | WEEK END DATE: | 1 | | GER (SEE NOTE OVERLEAF |
| | HOURS | LOCATION | COST CENTRE | SIGNATUR | RE Employee No |
| SATURDAY | | | | | |
| SUNDAY | | | | | |
| MONDAY | | | | | |
| TUESDAY | | | | | |
| WEDNESDAY | | | | | |
| THURSDAY | | | | | |
| FRIDAY | | | | | |
| TOTAL | | | • | | • |
| | • | - | | | |
| WEEK START DATE: | | WEEK END DATE: | | AUTHORISING MANA | GER (SEE NOTE OVERLEAF |
| | HOURS | LOCATION | COST CENTRE | SIGNATUR | RE Employee No |
| SATURDAY | | | | | |
| SUNDAY | | | | | |
| MONDAY | | | | | |
| TUESDAY | | | | | |
| WEDNESDAY | | | | | |
| THURSDAY | | | | | |
| FRIDAY | | | | | |
| TOTAL | | | | | |
| TOTAL | | | | | |
| WEEK START DATE: | | WEEK END DATE: | | AUTHORISING MANAGER (SEE NOTE OVERLEAF) | |
| WEEKSTAKT DATE. | HOURS | LOCATION | COST CENTRE | SIGNATUR | - |
| CATUDDAY | HOURS | LOCATION | COST CENTRE | SIGNATOR | Employee No |
| SATURDAY | + | | | | |
| SUNDAY | 1 | | | | |
| MONDAY | | | | | |
| TUESDAY | 1 | | | | |
| WEDNESDAY | | | | | |
| THURSDAY | | | | | |
| FRIDAY | | | | | |
| TOTAL | | | | | |
| TOTAL | | | | | |

Guidance for Employees and Authorising Managers

This timesheet should only be used to claim hours for the weeks that fall within a Pay Month. Up to 4 or 5 weeks can be claimed per Pay Month (see table below).

Separate claims should be submitted for each month and for each post held. It is recognised that casual employees may work at multiple work locations. The form has been designed in such a way that the claims for each place of work can be authorised by the appropriate manager for that post at the relevant location / cost centre.

Please also note than any other timesheets not submitted direct to Payroll may have an earlier submission deadline.

The list below details the latest claim dates for each month and when the correctly authorised timesheet must be received in the Payroll Department to ensure payment.

| Pay Month | No. of Weeks | Period End | Latest Date to Payroll |
|----------------|--------------|------------|------------------------|
| APRIL 2021 | 4 | 30/04/2021 | 07/05/2021 |
| MAY 2021 | 4 | 28/05/2021 | 09/06/2021 |
| JUNE 2021 | 5 | 02/07/2021 | 09/07/2021 |
| JULY 2021 | 4 | 30/07/2021 | 09/08/2021 |
| AUGUST 2021 | 4 | 27/08/2021 | 09/09/2021 |
| SEPTEMBER 2021 | 5 | 01/10/2021 | 08/10/2021 |
| OCTOBER 2021 | 4 | 29/10/2021 | 09/11/2021 |
| NOVEMBER 2021 | 4 | 26/11/2021 | 06/12/2021* |
| DECEMBER 2021 | 5 | 31/12/2021 | 07/01/2022 |
| JANUARY 2022 | 4 | 28/01/2022 | 09/02/2022 |
| FEBRUARY 2022 | 4 | 25/02/2022 | 09/03/2022 |
| MARCH 2022 | 5 | 01/04/2022 | 08/04/2022 |

^{*} PLEASE NOTE THE EARLIER CUT OFF DUE TO EARLIER PAYDATE FOR CHRISTMAS PROCESSING

Guidance for Authorising Managers

Authorising Managers must write their employee number next to their signature. This is to assist audit checks to ensure the timesheet has been correctly authorised. Failure to complete this may result in delayed payment of the claim if the authorised signatory cannot be identified.

Declaration by Authorising Managers

By signing the timesheet, an authorising manager is deemed to have made the following declaration.

I have undertaken all of the checks required by Financial Regulation 16 and I am satisfied that this claim meets the requirements of that Regulation. I therefore authorise payment.