

**IMR W / SOS / WRN PERSONNEL - HOURS WORKED AND MILEAGE RECORD**



Contract No:	AW	%	Week Ending:
	AW	%	
	AW	%	
	AW	%	

**Weekly Paid Only:**

LINCOLN (Circle no. of days worked) M / T / W / T / F / S / S	NORTHAMPTON (Circle no of days worked) M / T / W / T / F / S / S	GRANTHAM (Circle no of days worked) M / T / W / T / F / S / S
GRIMSBY (Circle no. of days worked) M / T / W / T / F / S / S	MILTON KEYNES (Circle no of days worked) M / T / W / T / F / S / S	

COST TO EMPLOY (CTE) <input type="checkbox"/>	REINSTATEMENT <input type="checkbox"/>	TEAM/OPERATIVE <input type="checkbox"/>
<b>Please tick appropriate box</b>	<b>Please tick appropriate box</b>	<b>Please tick appropriate box</b>
SUPERVISION <input type="checkbox"/>	DISSALLOWED <input type="checkbox"/>	PLANNED WORKS (FILL IN ADDITIONAL SHEET) <input type="checkbox"/>

Name: \_\_\_\_\_ Clock No: **A M Water Services**

Payment Rate Type	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Arrears	Comments
Basic Hours									
Sleep Hours									
Overtime - Basic Hours									
Overtime - 0.5									
Overtime - Time & Quarter									
Overtime - Time & Half									
Overtime - Double Time									
Bank Holiday Hours									
Holiday Hours									
Sickness Hours									
Lieu day (Tick which day)									
Lodging Allowance (Tick days req'd)									
Authorised Absence (Wkly paid only)									
Unauth Absence (Wkly paid only)									
Compassionate Leave (Paid)									
Compassionate Leave (Unpaid)									
Maternity Leave									
Paternity Leave									
Army Reservist									
Jury Service									

Additional comments or amendments to support payments \_\_\_\_\_

**STANDBY/BONUS PAYMENTS & INFORMATION**

Rest hours (For reporting only)									
Standby days worked (tick days)									
Standby Payment to be made (Enter full amount):	£								
Bonus Payment to be made (Enter full amount):	£								

**END OF WEEK MILEAGE**

Final mileage (at time of timesheet submission)	Vehicle registration

Individuals Signature _____	Date _____	
Line Manager Signature _____	Date _____	Name of Line Manager _____
Overtime Authorised: YES/NO _____	Date _____	Name and Signature of Area Manager _____