CLIENTS NAME _____ **Monthly Activity and Location Sheet**

Your Name _____ **Contracted Weekly Hours**

Month _____

Date	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
START/FINISH								
Total hrs worked								
START/FINISH								
Total hrs worked								
START/FINISH								
Total hrs worked								
START/FINISH								
Total hrs worked								

PLEASE COMPLETE AND RETURN TO US BEFORE YOUR NEXT PAY DATE

PLEASE RETURN ASAP TO THE PAYROLL OFFICE:
Instream Partnership, 1 Belfield Lane, Rochdale OL16 3AY Or email form to: payroll@instream.org.uk