



GCIL Payroll Administration Pack

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Here's a list of the payroll processing dates for the forthcoming tax year — note the two payrolls in tax month 3.

Payroll Dates 2019/20			
Repeat cut-off	Instruct cut-off	Payment date	Tax Month
Fri 29-Mar-19	Fri 05-Apr-19	Fri 12-Apr-19	1
Fri 26-Apr-19	Fri 03-May-19	Fri 10-May-19	2
Fri 24-May-19	Fri 31-May-19	Fri 07-Jun-19	3
Fri 21-Jun-19	Fri 28-Jun-19	Fri 05-Jul-19	
Fri 19-Jul-19	Fri 26-Jul-19	Fri 02-Aug-19	4
Fri 16-Aug-19	Fri 23-Aug-19	Fri 30-Aug-19	5
Fri 13-Sep-18	Fri 20-Sep-19	Fri 27-Sep-19	6
Fri 11-Oct-19	Fri 18-Oct-19	Fri 25-Oct-19	7
Fri 08-Nov-19	Fri 15-Nov-19	Fri 22-Nov-19	8
Fri 06-Dec-19	Fri 13-Dec-19	Fri 20-Dec-19	9
Fri 03-Jan-20	Wed 08-Jan-20	Fri 17-Jan-20	10
Fri 31-Jan-20	Fri 07-Feb-20	Fri 14-Feb-20	11
Fri 28-Feb-20	Fri 06-Mar-20	Fri 13-Mar-20	12

Please **Email** timesheets & amendments to payroll@gcil.org.uk
or **post** to GCIL Payroll, 117-127 Brook Street, Glasgow G40 3AP

Payroll Solutions — Employee Personnel Sheet

Employer's Name	
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Employee Details

Name			
Address			
Postcode			
Telephone Number(s) & <i>email address:</i>			
N. I. Number			
Date of Birth			
Marital Status			
Start Date			
Rates of Pay	Day	Evening	Sleepover
Normal/Standard Weekly Hours			

Employee Bank Details

Bank			
Branch Address			
Account Name			
Account Number			
Sort Code			

I confirm the above details are correct:

Signature: _____

Date: _____

Please turn over →

Employee Statement

You need to select only one of the following statements A, B or C.

- A This is my first job since last 6 April and I have not been receiving taxable Jobseeker's Allowance, Employment and Support Allowance, taxable Incapacity Benefit, State or Occupational Pension.
- B This is now my only job but since last 6 April I have had another job, or received taxable Jobseeker's Allowance, Employment and Support Allowance or taxable Incapacity Benefit. I do not receive a State or Occupational Pension.
- C As well as my new job, I have another job or receive a State or Occupational Pension.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	I have a Student Loan which is not fully repaid and I left a course of UK higher education before last 6 April and I received my first Student Loan instalment on or after 1 September 1998.

Select 'No' if you are repaying your Student Loan direct to the Student Loans company by agreed monthly payments.

Payroll Solutions

Employers Payroll Instructions

Employee's Name: _____

I can confirm that the holiday entitlement for this employee will be:

_____ Hours per annum.

I can confirm that the paid sick leave entitlement for this employee will be:

_____ Hours per 52 week period.

Employers Name: _____ (Please print)

Date: _____

Signature: _____

GCIL Payroll — Timesheet

Employer's Name: _____ Employee Name _____

Week Ending	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Total Hours

Sleepovers	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Total Hours

A = Absent AP = Absent but Payable H = Holiday S = Sick PH = Public Holiday

Payroll Solutions

Annual Leave Request Form

To ensure timely payment of holiday pay, employees are advised to notify their employers at least four weeks in advance.

Employer's Name:

Address:

.....

Telephone No:

Employer's Authorisation:

Date:

Employee's Name:

Address:

.....

Telephone No:

I wish to take my Annual Leave from

to I will be using hours.

I confirm that I am aware of the conditions regarding holiday entitlement and agree to repay any overpayment made.

Signature:

Date:

Self Certification of Illness:

I certify that I was unable to attend work due to sickness:

From ____ / ____ / ____

To ____ / ____ / ____

The reason for my absence was (please be specific):

For all periods of sickness between 1 and 7 days, a self-certificate is required.

For periods in excess of 7 days, a doctor's line is required.

Declaration and Verification

This is a true and accurate record of my attendance.

Employee Name (print name) _____

Employee (Signature) _____

Date: ____ / ____ / ____

Employer Statement:

I verify that this is a complete and accurate record.

Employer's Signature: _____

Date: ____ / ____ / ____

Payroll Solutions

Notification of Resignation

Employee:

Address:

Post Code:

Telephone No:

This is my written notification confirming that as of
I wish to tender my resignation to the named employer. Please pay
any wages and holiday pay due to myself on the next available pay
day.

Signed:

Date:

Employer:

Address:

Postcode:

Telephone No:

I accept the resignation of the above named employee as
of

Signed:

Date:

GCIL Payroll - PA Leaving Form

Employers Details

Name:
Address:
Telephone Number:
Email address:

Personal Assistant's Details

Name:
Address
Telephone Number:
National Insurance Number:

Leaving Details

Leaving Date:
Final Salary hours due:
Number of holiday hours outstanding:
Any deductions due:
Reason for deductions:

Employer's signature:

Date:

For official use only

SSP IT

Student Loan

Sick Line

P45

Breakdown of final payment:

Letter from payroll confirming leaving date attached

Actioned by:

Date

**Glasgow Centre for Inclusive Living
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