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| logo_web | PAYROLL SERVICE    Weekly Return Form |

This Form must be returned to CA Plus each week no later than the Monday morning if there are any alterations.

# NAME OF GROUP ………………………………………………………………………

# Section 1 – Rates of Pay

# Employee Name New hourly rate Basic weekly hours Effective from

or weekly rate

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*(continue on another sheet if necessary).*

# Section 2 – Sick Leave

Name First day Last day Rate to be paid

*(please tick one according to your Sick Pay policy)*

Normal rate: Half rate: SSP only:

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## Section 3 – Other changes

Give full details of any other alterations, eg., Maternity periods and pay, one-off payments.

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## Section 4 – Employee leaving

Give full details ie., name, leaving date, holiday payments due, etc.

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**Declaration:** I certify the information given above is correct.

Signed Position Date

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*(This Form should only be signed by an authorised signatory as notified to CA Plus*)