

Learner Timesheet – Multi Sessions ETS Yorkshire ONLY

Learner Name:	Timesheet Deadline	Day:	Time
Week Commencing:	Service/Centre: ETS Yorkshire	Vocational Area:	

		Actual Hours Attended (Do not include lunch breaks)			Activity Code	Planned hrs	Location Centre/Virtual/Work Placement	Absence Code (If app)
		Start	End	Hours				
MON	AM	09:00:00	10:00:00	01:00:00				
	AM	10:00:00	11:00:00	01:00:00				
	AM	11:15:00	12:15:00	01:00:00				
	PM	13:00:00	14:00:00	01:00:00				
	PM	14:00:00	15:00:00	01:00:00				
TUE	AM	09:00:00	10:00:00	01:00:00				
	AM	10:00:00	11:00:00	01:00:00				
	AM	11:15:00	12:15:00	01:00:00				
	PM	13:00:00	14:00:00	01:00:00				
	PM	14:00:00	15:00:00	01:00:00				
WED	AM	09:00:00	10:00:00	01:00:00				
	AM	10:00:00	11:00:00	01:00:00				
	AM	11:15:00	12:15:00	01:00:00				
	PM	13:00:00	14:00:00	01:00:00				
	PM	14:00:00	15:00:00	01:00:00				
THU	AM	09:00:00	10:00:00	01:00:00				
	AM	10:00:00	11:00:00	01:00:00				
	AM	11:15:00	12:15:00	01:00:00				
	PM	13:00:00	14:00:00	01:00:00				
	PM	14:00:00	15:00:00	01:00:00				
FRI	AM	09:00:00	10:00:00	01:00:00				
	AM	10:00:00	11:00:00	01:00:00				
	AM	11:15:00	12:15:00	01:00:00				
	PM	13:00:00	14:00:00	01:00:00				
	PM	14:00:00	15:00:00	01:00:00				
Total Hours Attended				01:00:00	ILP Planned Weekly Hrs			

Qualification Activity Codes: VQ – Vocational Qualification, EQ – Employability Qualification, MA- Maths, EN- English, ICT – ICT Qual, TWP –Traineeship Work Preparation, TF – ESFA 16 to 19 Tuition Fund
Other activity codes: WP - Work Placement
 EEP - IAG, Reviews, any other employability skills (not linked to employability qualifications), Enrichment (Prevent, British Values), Pastoral (visits, outings or other activities).

Absence Codes: H - UNPLANNED HOLIDAY S - SICKNESS UA - UNAUTHORISED ABSENCE BH - BANK HOLIDAY N – NON TRAINING DAY
 AA - AUTHORISED ABSENCE - State reason:

SIGNED (LEARNER): _____ DATE: _____

SIGNED (PLACEMENT PROVIDER): _____ DATE: _____

WEEKLY PAYMENT AUTHORISED (Please tick) YES NO N/A

Electronic signature via Smart Assessor? YES (Please tick if applicable)

SIGNED (STAFF): _____ DATE: _____

ANY PAYMENTS DUE MAY BE DELAYED IF TIMESHEET RECEIVED AFTER WEEKLY DEADLINE.

To be completed by Service/Subcontractor Admin. Staff

Bursary type	Travel paid this week	Meal amount reimbursed	Total paid for this week	Timesheet DATE	Processed INITIALS
	£	£	£		