

TIME SHEET

DETAILS

NAME _____ SCHOOL _____

ADDRESS _____

_____ HEAD OF DEPARTMENT'S NAME _____

HOURS

| | DATE | AM | PM | DAYS |
|-------------------|------|----|----|------|
| MONDAY | | | | |
| TUESDAY | | | | |
| WEDNESDAY | | | | |
| THURSDAY | | | | |
| FRIDAY | | | | |
| SATURDAY | | | | |
| SUNDAY | | | | |
| TOTAL DAYS WORKED | | | | |

AUTHORISATION

As authorising signatory, I confirm that the above hours are the total hours to be invoiced.

SCHOOL SIGNATURE _____ DATE _____

SIGNATORY PRINT NAME _____ FULL POSITION _____

TEACHER SIGNATURE _____ DATE _____

By signing this timesheet I am confirming I have received, read, understood and agree to the Terms & Conditions of this business. That any change of relationship/status with a teacher or any person introduced by this business may attract a fee under the Department of Trade & Industries **Conduct of Employment Agencies & Employment Businesses Regulations** (www.dti.gov.uk/er/agency/newregs.htm)

Fax 0871 911 6255