TIMESHEET

Telphone No: Fax Number:

Week Ending:

Candidate's Name:	Covering:
Date of Birth:	

School Name:
School Address:
Postcode:

Please tick

Monday		Tuesday		Wednesday		Thursday		Friday		TOTAL DAYS
Date:		Date:		Date:		Date:		Date:		
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	

CANDIDATE	
Signed:	I acknowledge that I have been given a copy of my terms of contract issued by:
Printed:	which is mine to keep, and that I have read those terms and agree to abide by them.
Dated:	
SCHOOL	
Signed:	We confirm that we have been given a copy of the current Terms and Conditions of Business issued by: , that we have read those terms and agree to abide by them, and that the days claimed are correct.
Printed:	
Dated:	

TO AVOID ANY DELAY WITH YOUR PAYMENT PLEASE ENSURE THAT ALL DAYS ARE AUTHORISED AND THE TIMESHEET REACHES US NO LATER THAN MONDAY EVENING AT 5:00PM (1700 HOURS)