

TIMESHEET

DETAILS

NAME _____ SCHOOL _____

ADDRESS _____

_____ HEAD OF DEPARTMENTS NAME _____

HOURS

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

AUTHORISATION

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

SCHOOL	
Name:	
Position:	
Sign:	
Date:	

CANDIDATE	
Name:	
Sign:	
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)

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