

School Name			
Address			
	POSTCODE		
Candidate Name		Week ending date	
Position		Subject / Yr. Group	

**PLEASE FAX SIGNED BY 10.AM MONDAY**

**0845 180 1801**

PLEASE ENSURE YOUR TIME SHEET IS FAXED ON TIME FOR PROMPT PAYMENT. IF YOU ARE ON HOLIDAY CAN YOU PLEASE INFORM US.

DAY	DATE	HALF DAY	FULL DAY	TOTAL
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Overtime				
Timesheet No.		Total Days (written in words)		Total Days

I certify that the attendance and work of the above Candidate has been satisfactory and no claim will be made against the agency's invoice. I acknowledge on behalf of my School having received and read your Terms and Conditions of Business.

\_\_\_\_\_  
(Client's Authorised Signature)

\_\_\_\_\_  
(Date)

I certify that I have received and read your Agency's Agreement and that I have carried out the work detailed above as well as taken rest period entitlements.

\_\_\_\_\_  
(Candidate Signature)

\_\_\_\_\_  
(Date)

Please tick

- Room has been left in a tidy state    Class Progress Sheet completed    All Marking has been completed