

TIMESHEET

Candidate Name:

School Name:

School Address:

	Date	Days	Extra Hours
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Totals:			

Teacher Confirmation

I confirm that the total day(s) worked are correct. I understand that I am responsible for the return of my timesheet and accept that late return will cause payment to be delayed. I accept Education 365 Recruitment Ltd.'s Terms and Conditions.

Signed:

Date:

Print Name:

School Confirmation

I confirm the above is an accurate record of the days worked and that you are authorised to invoice my school at the agreed charge to receive payment. I understand that by signing this timesheet I agree to Education 365 Recruitment Ltd.'s terms and conditions.

Signed:

Position:

Print Name:

Date:

TIMESHEETS MUST BE RECEIVED BY 4PM ON A MONDAY

SCAN & EMAIL TO: info@education365.co.uk

FAX TO: 0207 337 0022