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| --- | --- |
| **Full School/Client Name** |  |
| **Full School/Client Address** |  |
| **Postcode** |  |

**Temporary Worker Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname:** As it appears on passport |  | Forename: As it appears onpassport  appears on passport |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **JOB TITLE** |  | **WEEK ENDING (DD/MM/YY):** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
| DATE  (DD/MM) |  |  |  |  |  |
| 1, ¾, ½, DAY, |  |  |  |  |  |

### TOTAL DAYS WORKED

|  |
| --- |
|  |
|  | |

**TEMPORARY WORKER DECLARATION**

I confirm that I have worked the days/part days indicated above.

|  |  |
| --- | --- |
| **Signed:** | **Date:** |

**SCHOOL/CLIENT AUTHORISATION**

I confirm the Temporary Worker has completed the days/part days indicated above and will accept the invoice in line with Strategy Education’s standard Terms of Business.

|  |  |
| --- | --- |
| **AUTHORISED CLIENT SIGNATURE:** | |
| **PRINT FULL NAME:** | |
| **POSITION:** | **DATE:** |

**ANY TIMESHEETS RECEIVED AFTER 10.00 am ON MONDAY WILL BE PROCESSED THE FOLLOWING WEEK.**

**Please fax on 01621 854416 or e-mail to info@strategyeducation.co.uk**

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**Telephone 01621 600020**

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