

Paper Timesheet

Client Details

Full School / Client Name

Full School / Client Address

Postcode

Candidate Name:

First Name:

Last Name:

Days Completed

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date (DDMM)						
0.5, 0.75, 1 DAY						

Total Days Worked (Please insert total hours not days if paid on an hourly rate)

TEMPORARY WORKER DECLARATION

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

Signed:

Print Full Name:

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.

Signed:

Print Full Name:

Position:

Date:

Notes

ANY TIMESHEETS RECEIVED AFTER 12pm ON MONDAY WILL BE PROCESSED THE FOLLOWING WEEK.

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