

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)						
<p>TEMPORARY WORKER DECLARATION</p> <p>I confirm that I have worked the days/part days indicated above.</p>						
Signed:						
Print Full Name:						
Date:						
SCHOOL/CLIENT AUTHORISATION						
<p>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.</p>						
Signed:						
Print Full Name:						
Position:						
Date:						
Notes						
<p>ANY TIMESHEETS RECEIVED AFTER 1pm ON MONDAY WILL BE PROCESSED THE FOLLOWING WEEK.</p> <p>Please fax on 01621 854416 or e-mail to timesheet@strategyeducation.co.uk</p>						