



Please complete and return to us via a Scanned Email or fax (0800 915 6760) by 5pm at the latest the following Monday to ensure prompt payment. Please print in **BLOCK CAPITALS**

WEEKLY TIMESHEET (Long-Term)

WEEK ENDING DATE (Friday):
SCHOOL NAME :
SUPPLY/TEACHER NAME:
JOB CARRIED OUT (e.g. TEACHER, COVER SUPERVISOR etc...):

DAYS WORKED

Please, clearly mark a '1' in each day worked with the above client during this week. For any half days worked, please simply enter '½' or '0.5' in the corresponding day and the correct 'TOTAL DAYS' at the bottom.

MONDAY	
TUESDAY	
WEDNESDAY	
THURSDAY	
FRIDAY	
TOTAL DAYS (Number)	

ADDITIONAL HOURS

Please enter any 'additional hours' worked in this box. All additional hours must be authorised separately by the school and signed in the box to the right.	Signed:

Hours:..... (to nearest half-hour)	Position:

I, the WORKER, certify that I have carried out the work detailed above and that this information is correct

WORKER Signature:	Date:
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SCHOOL Contact Name:	Position:
Contact Signature:	Date: