

Teachers Name: _____ Week Ending Date: _____

Day	Date	School	School Contact	AM (✓)	PM (✓)	Full Day (✓)	Office Use Only	D/Base (✓)

I confirm that I have completed the work at the above schools as indicated and that the information submitted is correct. Signed: _____

(TEACHER TO SIGN)

Complete at least one line per day.

Please submit these by **1pm on Monday** to Classic Education via E mail – worksheets@classiceducation.co.uk

Or send by fax on **01474 363218**

or by post in order for your salary payment to be processed and paid.

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