

WORKSHEET

Please complete in BLACK INK

It is your responsibility to ensure this form is fully completed and received by us. Please ensure you include your name and the school name so that we are able to quickly resolve any queries

NAME: _____
ADDRESS: _____

SCHOOL: _____

	DATE	AM	PM	DAYS
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				
SUNDAY				
TOTAL				

AS AUTHORISING SIGNATORY, I CONFIRM THAT THE ABOVE HOURS ARE TOTAL HOURS TO BE INVOICED

SCHOOL SIGNATURE DATE

(we are unable to accept timesheets which have not been signed by the school's signatory)

CANDIDATE SIGNATURE DATE

Please email to worksheets@classiceducation.co.uk on Friday afternoon. The deadline for timesheets is Monday at 4pm.

OUR FULL STANDARD TERMS & CONDITIONS APPLY TO THIS ASSIGNMENT, ANY TEMPORARY MEMBER OF STAFF EMPLOYED DIRECTLY BY THE SCHOOL, FULL OR PART TIME, WILL INCUR OUR STANDARD INTRODUCTION FEE.

REFER A FRIEND OR COLLEAGUE AND TOP UP YOUR WAGES WITH A £100 BONUS!!