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| Worker Details: |
| School: |
| Address: |

Week commencing Monday(Day/Month/Year): |

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| **TOTAL DAYS/HOURS WORKED** |
| TYPE OF POST: TEACHER CLASSROOM ASSISTANT NURSERY NURSE OTHER:(please tick) |
|  | **NOTES** | **WHOLE DAY** | **HALF DAY** |
| MONDAY |  |  |  |
| TUESDAY |  |  |  |
| WEDNESDAY |  |  |  |
| THURSDAY |  |  |  |
| FRIDAY |  |  |  |
|  TOTAL DAYS WORKED |  |

 AUTHORISED SIGNATURE: DATE:

PRINT NAME: POSITION:

**Instructions for completion-Please read carefully.** (1)Bysigning this timesheet you are agreeing to pay for all time worked, according toMayflower Education’s Terms & Conditions of Business and that any temporary worker introduced by this business may attract a fee. (2)Temporary workers have sole responsibility to ensure that timesheets are completed, signed and faxed to Mayflower Education before 18.00 on Monday following the week worked. (3)This signed timesheet will form the basis of an invoice payable according to our Terms & Conditions of Business.

**Please fax to Mayflower Education on 0203 402 6150 when completed and call main office on 0203 766 5373 to confirm timesheet has been received. Thank you**.

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| FOR MAYFLOWER EDUCATION USE ONLY: |
| Cand. Rate: | Gross: | NIS Employer: | Employee: |

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