



Timesheet

Fax back by 10am Monday on 01226 295653

Supply Staff

This Section must be completed in full by you for prompt payment

Your Name:

School Name:

Week Beginning:

LEA:

Please indicate days, or part days worked by placing a tick in the relevant box:

Monday	AM:	PM:	FULL
Tuesday	AM:	PM:	FULL
Wednesday	AM:	PM:	FULL
Thursday	AM:	PM:	FULL
Friday	AM:	PM:	FULL
Total			

Schools

To be filled in by a person of authority at the school or nursery.

I can confirm that the information shown above is correct and that the timesheet should form the basis of Provide Education's charges for the period stated. I also accept Provide Education's terms and conditions of business

Name:

Position:

School:

Date:

Signature:

Thank you for your help and call at any time to reserve any further staff for cover.