



## Timesheet

Fax back by 10am Monday On 01226 380898

### 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
<b>Total</b>			

### 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.