

City Education Recruitment
 Holborn Hall, Lower Ground, 193-197 High Holborn
 London WC1V 7BD

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SCHOOL: _____

NAME OF TEMPORARY WORKER: _____

WEEK: _____ / _____ / _____ (Monday's date) - _____ / _____ / _____ (Friday's date)
dd/mm/yy *dd/mm/yy*

SUMMARY OF DAYS / HOURS WORKED			
TYPE OF POST: <input type="checkbox"/> TEACHER <input type="checkbox"/> CLASSROOM ASSISTANT <input type="checkbox"/> NURSERY NURSE <input type="checkbox"/> OTHER: _____ <small>please tick</small>			
	NOTES	WHOLE DAY	HALF DAY
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
TOTAL DAYS WORKED			
TIMESHEETS DUE BACK TO US STRICTLY BY 10AM EACH MONDAY TO ENSURE PROMPT PAYMENT			

By signing this timesheet we confirm that:

- a) the days shown on this timesheet have been worked
- b) we have received and accepted City Education Recruitment Ltd's Terms & Conditions of Business
- c) this signed timesheet will form the basis of an invoice payable according to our Terms & Conditions of Business

REPRESENTATIVE SIGNATURE: _____

REPRESENTATIVE POSITION: _____ DATE: _____