

Office Use:

# London Education Recruitment



## Time Sheet School Copy

School Name

First Name

Last Name

Week Commencing

Day

Month

Year

Please fax back to: 020 8404 2413

Assignment Details

Day	Dates Worked	Start Time	Finish Time	Total Hours
Mon	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tue	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Wed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Thu	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fri	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sat	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Days Worked				<input type="text"/>

School Address

Post Code

### To The School:

I confirm that the above temporary worker has worked the hours stated satisfactorily and that your invoice will be paid within 30 days. I understand that if we engage the temporary worker or introduce them to any third party, then a placement fee may be charged in accordance of the Terms and Conditions.

### To The Worker:

Please read and sign to agree with the following. I confirm I have worked the hours detailed and all rest period entitlements have been taken. I have informed London Education Recruitment of any work I have carried out for any third party.

Signature School

Signature Worker

Date

Date