



61a High Street, Orpington, Kent BR6 0JF

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# Timesheet

School Name .....

Contact .....

School Address .....

Tel: .....

.....

Teacher .....

.....

Subject .....

.....

Week ending Friday .....

	Date	Half Day	Full Day
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
<b>Total Days</b>			

**Client Authorisation**  
 I confirm that I have read and accept your Terms & Conditions of Business  
 I also certify that the attendance and work as stated on this timesheet true and  
 satisfactory. I therefore approve the Agency's invoice for payment

**Signature** .....

**Name in BLOCK CAPITALS** .....

**Position** .....

**Date** .....

Please take of copy of this timesheet for your records and a copy for the school

