

# TIMESHEET

School Name \_\_\_\_\_  
 School Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Contact Name \_\_\_\_\_  
 Tel \_\_\_\_\_  
 Teacher \_\_\_\_\_  
 Year/Subject \_\_\_\_\_  
 W/E \_\_\_\_\_

**Complete and ask appropriate person to authorise**

	Date	Half Day	Full Day
	Monday		
	Tuesday		
	Wednesday		
	Thursday		
	Friday		
	Total Days		
<p><b>Client Authorisation</b></p> <p>I confirm that I have read and accept your Terms &amp; Conditions of Business          I also certify that the attendance and work as stated on this timesheet are true          and satisfactory. I therefore approve the Agency's Invoice for Payment.</p> <p><b>Name in BLOCK CAPITALS</b></p> <p><b>Position</b></p> <p><b>Date</b></p>			

**ONCE AUTHORISED PLEASE RETURN VIA EMAIL TO: [payroll@link-education.co.uk](mailto:payroll@link-education.co.uk)**