**Timesheet**

**School/Nursery**

**School/NurseryAddress**

**Postcode**

## Teacher/Assistant’sFirstName Teacher/Assistant’sLastName

**EngagementDetails–eg.KeyStage3–Year5–SEN–etc.**

**WeekCommencing(Monday)**

**D D M M Y Y Y Y**

## Day DatesWorked AM PM Payable(days) HoursWorked

**Tickindicatesduties**

## Notes

*Example***MonTueWedThur**

## FriSatSun

**D D M M Y Y Y Y**

# 1 5 0 9 2 0 0 5

**performedinAMorPM**

✓ ✓

# 1 8.5

## TotalDaysPayable TotalHoursWorked

**TotheSchool/Nursery:**

Iconfirmthattheabovetemporaryteacher/assistanthasworkedthehalfdays

/daysstatedsatisfactorilyandthatyourinvoicewillbepaidinaccordancewithyourpaymentterms.Furthermore,Iunderstandthatifwesubsequentlyengagethetemporaryworkerorintroducethemtoanythirdparty,thenaplacementfeemaybechargedinaccordancewithClause8(TransferandIntroductionFees)overleaf.

## TotheTeacher/Assistant:

Pleasereadandsigntoagreewiththe following:

IconfirmthatIhave workedthedaysdetailed andthatanyrest periods towhichIamentitledhavebeentaken.IhaveinformedSmartTeachersofanyworkI havecarriedout for any third party.

## Date

**Date**

Signature–School/Nursery Signature–Teacher/Assistant