

# Timesheet

Name of Nursery Nurse / SSA / TA

Name of School / Nursery

#### Address of School / Nursery

Week Ending Date

### **Hours Worked**

	AM / Hours	PM / Hours	Hours Worked
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
		Total Hours	

### Please ensure that timesheet(s) are returned to the office no later than 10:00am the following Monday.

I certify that the hours worked are true and correct and that payment will be made in accordance with the Business Terms of Key Stage Teacher Supply.

Signature	Position
Print Name	Date

Blackburn Branch: 1st Floor, 9 Preston New Road, Blackburn, Lancashire, BB2 1AR Telephone: 01254 507210 Fax: 01254 507211

Chorley Branch: 24 St Georges Street, Chorley, Lancashire, PR7 2AA Telephone: 01257 240960 Fax: 01257 240961

Lancaster Branch: Cameron House, White Cross, South Road, Lancaster, LA1 4XF Telephone: 01524 597170 Fax: 01524 597171

Email: info@keystagesupply.co.uk Web: www.keystagesupply.co.uk

Company Registration No. 4099786





# Timesheet

		_ /
Name	of	Teacher

Name of School

#### Address of School

Week Ending Date

### **Days Worked**

	AM / Hours	PM / Hours	Days Worked
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
		Total Days	

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