

# Timesheet

Name of Teacher

Name of School

Address of School



	<b>Week Ending Date</b>	
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## Days Worked

	AM / Hours	PM / Hours	Days Worked
Monday	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tuesday	<input type="text"/>	<input type="text"/>	<input type="text"/>
Wednesday	<input type="text"/>	<input type="text"/>	<input type="text"/>
Thursday	<input type="text"/>	<input type="text"/>	<input type="text"/>
Friday	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total Days</b>			<input type="text"/>

**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

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