

TIMESHEET

PLEASE PRESS FIRMLY WHEN WRITING



Week ending date:	Contact:
School / Nursery:	Supply Member of Staff:
Address:	Assignment Details:
Post code:	

Mon - Sun	Dates worked	Start AM	Finish PM	Breaks Taken (hours)	Total Hours Worked	Chargeable Days Worked

Total hours / days worked (in words):

SCHOOL / NURSERY

I confirm that the above member of staff has worked the hours stated satisfactorily and that the above invoice will be paid in accordance with your payment terms. I understand that if we subsequently engage the member of staff or introduce them to any third party then a placement fee may be due to Ambassadors Resourcing.

Signature: Date:

Print Name:

Position:

MEMBER OF STAFF

I confirm that I have worked the hours detailed and all the rest period entitlement have been taken. I have informed Ambassadors Resourcing of any work I have carried out for any third party.

Signature:

Date:

Print Name:

Please send **White** copies to: Ambassadors Resourcing,
 Cornwall Buildings, 45-51 Newhall Street, Birmingham B3 3QR
 t: 0800 222 9160 mobile friendly: 0333 577 9160 f: 0800 994 9160

Top White - Branch Copy | **Middle Blue** - Client Copy | **Bottom Yellow** - Staff Copy

