



60743

T/S Number

Grid for T/S Number

Monarch

TIMESHEET SUPPLY TEACHER WEEKLY RECORD

Please fax to 0844 567 3333 or return this document to the Accounts Department:
8th floor, One Martineau Place, 44-80 Corporation Street, Birmingham B2 4UW

Teacher	Reference	Assignment	Wk commence
Name		Work type	
School	Reference	Office use only	Issue date
Name		Office ref	
Monarch contact			
Consultant	Consultant telephone	Email	

HOURLY F O R M

PLEASE MARK AS HOURS AND MINS WORKED (4:00, 7:30, etc.)

Date	Hours:Mins worked	Other	Description of amendment
<i>Example</i>	HH <input type="text" value="07"/> : <input type="text" value="30"/> MM		
Monday	HH <input type="text"/> : <input type="text"/> MM	<input type="checkbox"/>	_____
Tuesday	HH <input type="text"/> : <input type="text"/> MM	<input type="checkbox"/>	_____
Wednesday	HH <input type="text"/> : <input type="text"/> MM	<input type="checkbox"/>	_____
Thursday	HH <input type="text"/> : <input type="text"/> MM	<input type="checkbox"/>	_____
Friday	HH <input type="text"/> : <input type="text"/> MM	<input type="checkbox"/>	_____
Saturday	HH <input type="text"/> : <input type="text"/> MM	<input type="checkbox"/>	_____
Sunday	HH <input type="text"/> : <input type="text"/> MM	<input type="checkbox"/>	_____
Total number of hours worked <input type="text"/> : <input type="text"/>		100% holiday to be paid this week <input type="checkbox"/>	

Teacher's Confirmation: I confirm that this is an accurate record of my hours:

Signature

Signature box

School Confirmation: I confirm that the total hours shown shall be invoiced to the school at the agreed rate.

Please sign and print your name in the boxes below. Name format as follows: MR A MOXON

Signature

Signature box

Date

Date box: / /

Title

Title box

Initials

Initials box

Surname

Surname box

T/S Number

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**TIMESHEETS NEED TO BE RECEIVED BY 4PM ON MONDAY.
PLEASE FAX TIMESHEETS TO 0844 567 3333**

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