

TIMESHEET

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Email: timesheets@reesoneducation.com

FOR OFFICE USE ONLY

Week Commencing Monday:

DAY	MONTH	YEAR
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TEACHER NAME:

SCHOOL NAME:

SCHOOL TEL:

Week Day	Half Day	¾ Day	Full Day	Total Days Worked
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
			Weekly Totals	

SCHOOL

TEACHER

Date:

Name:

Position:

Signature:

Date:

Name:

Position:

Signature:

To the School:

By signing this time sheet you are confirming that the teacher has worked the hours indicated and give REESON Education Ltd the authority to pay the teacher and thus charge the school at the agreed rates. You are also confirming that you hereby agree to the terms and conditions of REESON Education Ltd.

To the Teacher:

Please complete a separate timesheet for each school you teach at in any one week. This timesheet is not validated until signed by the schools nominated representative. By signing this form you are confirming that you have worked the hours indicated above and that you agree to the terms and conditions of REESON Education Ltd.