

Section 1 - Candidate to fill out

Candidate Name.....

Job Position.....

School Name.....

Week Commencing Monday.....

DAYS WORKED

	Monday	Tues day	Wednesday	Thursday	Friday	Saturday	Sunday	Total
Date								
Full day/hrs								
Total								
hrs								
worked								

*Overtime must be agreed in advance

Section 2 – Client (School)

I certify that the attendance and work of the above candidate has been satisfactory, and no claim will be made against the agency's invoice.

Client Name.....

Client Signature.....

Position.....

Date.....

Section 3 - Teacher

Please Note: All timesheets must be received and signed by the school or payment will not be processed. The signing of this timesheet confirms that you have worked the hours stated and that you agree to the terms and conditions of Oliver Parkes Agency Limited.

Teacher Name.....

Position.....

Teacher Signature.....

Date.....

All signed timesheets are conformation of acceptance to Oliver Parkes Agency Terms of Business



Email to accounts@oliverparkesagency.com