

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 FORM

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"/> <input type="text"/> : <input type="text"/> <input type="text"/> MM		
Monday	HH <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> MM	<input type="checkbox"/>	_____
Tuesday	HH <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> MM	<input type="checkbox"/>	_____
Wednesday	HH <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> MM	<input type="checkbox"/>	_____
Thursday	HH <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> MM	<input type="checkbox"/>	_____
Friday	HH <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> MM	<input type="checkbox"/>	_____
Saturday	HH <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> MM	<input type="checkbox"/>	_____
Sunday	HH <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> MM	<input type="checkbox"/>	_____
Total number of hours worked <input type="text"/> <input type="text"/> : <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 **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

Date

 / / Title Initials Surname T/S Number **TIMESHEETS NEED TO BE RECEIVED BY 4PM ON MONDAY.
PLEASE FAX TIMESHEETS TO 0844 567 3333**

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