

# A+ Teachers

**FAX NUMBER: 0845 838 0462**

Client Name		DATE	Total Days / Hours Worked excl. Breaks	Description of Additional Payments
Address	MONDAY			
	TUESDAY			
	WEDNESDAY			
	THURSDAY			
	FRIDAY			
Name of Temporary Worker				
Job Title				
Account Number				
<b>FOR OFFICE USE ONLY</b>				
Pay Rate				
Charge				
Days				
Hours				
Comments				
	TOTAL			

I certify that the days / hours and additional payments are correct. In submitting this timesheet I confirm that I have read and understood the Contract for Services of Temporary Workers provided by A+ Teachers.

Temporary Signature: \_\_\_\_\_ Date: \_\_\_\_\_

We certify that the total days / hours and additional payments are correct and we will accept your accounts for the chargeable days / hours and additional payments at the agreed rates. We also agree to accept your terms and conditions of business.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Print): \_\_\_\_\_ Position: \_\_\_\_\_