KeySkills Education
Unit 18C Tavern Business Centre, Rope Street,
LONDON SE16 7TX
Tel: +44 (0)20 7237 6288
Fax: +44 (0) 20 7183 8432

Teacher's name:

School:

Week ending: / /

Days	Dates booked	Start time	Finish time	Breaks taken(hrs)	Total hours worked
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Total					

School confirmation

I confirm that the above teacher has worked the hours stated above satisfactorily and the invoice will be paid in accordance with your payment terms. Furthermore I understand that if we subsequently engage the teacher or introduce them to any third party, then a placement fee may be due to you. I understand this teacher is employed under a contract for services by Key Skills Education and we have notified the employment business of any health and safety risks associated with the job.

Name in BLOCK CAPITALS: **Signature:**

Date						

Candidate information

I certify that I have worked the hours/days detailed above and have taken all rest periods as required and that the information given on this timesheet is accurate.

Name in BLOCK CAPITALS: **Signature:**

Date						

Please fax your completed timesheet to 02071838432 by 5pm Friday