

EDUCATION DIVISION TIMESHEET (Supply Teachers)

SCHOOL.....

CONTACT.....

ADDRESS.....

SUPPLY TEACHER.....

POSITION.....

Timesheet Number..... Week commencing.....

Please tick as appropriate

Day	A.M Only (0.6)	P.M Only (0.4)	Other Time Fraction <small>Please specify</small>	Full Day (1.0)	Days (or time fraction)
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
				Total Days/Time Fraction Payable	

I certify that the total ofdays have been satisfactorily worked and that payment will be made according to our terms of business, which I have received from you and accept as the basis of the transaction.

Signature.....Print Name.....

Position.....Date.....

PLEASE RETURN BY 9.30am ON MONDAY MORNING – FAX 01843864773

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