



TIMESHEET

Your Name	
School Name	
School Address	
Week Commencing	

PLEASE NOTE THIS TIMESHEET MUST BE COMPLETED IN FULL AND SIGNED BY THE SCHOOL. PLEASE FAX DESTINATION EDUCATION, TO REACH THE OFFICE BY THE FOLLOWING MONDAY TO BE PAID ON TIME

FAX: 0844 800 3821 TEL: 0844 800 3820

	DATE (DD/MM/YY)	FULL DAY	HALF DAY	AUTHORISED OVERTIME
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
TOTALS				

School Signature

Print Name

Position

I confirm the amount of work undertaken as stated above will be paid for in full upon receipt of the corresponding invoice as stated in Destination Education Terms Of Business. Any temporary worker subsequently appointed directly by the school will incur an introductory fee in accordance with the Terms Of Business.

WHITE COPY - OFFICE GREEN COPY - SCHOOL YELLOW COPY - WORKER