Timesheet



It is the responsibility of the candidate to ensure that each section of the timesheet is completed in BLOCK CAPITALS using a black ball point pen and is SIGNED by an authorised person at the school/nursery. Failure to do so may result in the timesheet being rejected. To ensure you are paid on time, timesheets MUST be received by us before 18:00 on MONDAY following the week worked.

ensure you are paid on time, timesheets MUST be received by us before 18:00 on MONDAY following the week worked.

Approved timesheets should be scanned and emailed to payroll@SEND-help.co.uk (PDF, TIFF or JPEG formats only)

Worker Details																											
First Name Payroll Number																											
Last Name																											
Assignment Details																											
School/Nurse																											
School/Nurse																											
																F	Post	code									
TIME DETAILS - PLEASE COMPLETE ONLY ONE OF THE TABLES BELOW (EITHER DAILY OR HOURLY PAID)																											
Week Comr	Week Commencing (DD/MM/YYYY)																										
Daily Paid Workers Hourly Paid Workers																											
	e.g.	Mon	Tues	Wed	Thurs	Fri	Sat	Sun						e.	g.	Mon	1	Tues	W	/ed	Thur	s	Fri	Sa	it	Sun	
АМ	√										Star	rt Tim	ie	8:30	am												
PM	√										Unp	aid B	reaks	1	hr		_		1			_		1	\perp		_
Payable Days	1											sh Tin able l		3:30	-		+		+			+		+	+		-
Total Day	r ayasse m												rs Payable														
Timesheet Approval																											
School/Nu	ırseı	ry																									
I confirm that the above temporary worker has worked the hours/days stated above, as adjusted if necessary, satisfactorily and that SENDhelp's invoice will be paid in accordance with the payment terms. I also confirm that I am authorised to sign as such on behalf of my school or employer. Furthermore, I understand that if we subsequently engage the temporary worker or introduce them to any third party, then a placement fee may be levied in accordance with the Terms of Business.												l or r	Signed: Date Print Name:														
By signing this timesheet, you are agreeing to our Terms of Business (available to download from our website or on request from your consultant).																											
Worker	Worker												Sia	ned:								r	Date				
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.																											
			-										Prin	ıt Nai	ne:												