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.

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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	Posto	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	S	at	Sun	
AM	√										Sta	rt Tim	ie	8:30	am				_			_					
PM	√										_		reaks	1	hr				_			4		_			_
Payable Days	1											sh Tir able l		3:30	-				<u> </u>								\dashv
Total Day	r ayasse m												rs Payable														
Timesheet Approval																											
School/Ni		-																									
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.											ol or or	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												Qi~	and:									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.																											
			-										Prir	ıt Nai	ne:												