

# Connaught Education Assignment Timesheet

Please return either by email to [payroll@connaughteducation.com](mailto:payroll@connaughteducation.com)  
or by fax to 0121 452 5064 before close of business each Friday

Candidate Name		Week ending date	
Position		Subject/Year group	
School/Nursery Name			
Address (inc Postcode)			

## Daily Paid Candidates

DAY	DATE	AM	PM	PAYABLE DAY (E.G. ½ OR 1)
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
				<b>Total days:</b>

## Hourly Paid Candidates

DAY	DATE	START TIME	FINISH TIME	PAYABLE HOURS (EXCLUDING UNPAID BREAKS)
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
				<b>Total hours:</b>

I certify that the attendance and work of the above Teacher/Support staff has been satisfactory and no claim will be made against the agency's invoice. I acknowledge on behalf of my School having received and read Connaught Education's Terms and Conditions of Business.

\_\_\_\_\_  
(Client's Authorised Signature + Job Title)

\_\_\_\_\_  
(Date)

I certify that I have received and read your Agency's Agreement and that I have carried out the work detailed above as well as taken rest period entitlements.

\_\_\_\_\_  
(Teacher's Signature)

\_\_\_\_\_  
(Date)