



REMEDY EDUCATION

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TIME SHEET

TEACHERS NAME:
ADDRESS:

SCHOOL:
DEPARTMENT:
DEPUTY HEAD:
SUPERVISOR:

	DATE	DAYS
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
	WEEKLY TOTAL	

AS AUTHOURISING SIGNATORY, I CONFIRM THAT THE ABOVE DAYS ARE THE TOTAL DAYS TO BE INVOICED.

SCHOOL SIGNATORY _____ DATE _____

TEACHER _____ DATE _____

OUR STANDARD TERMS AND CONDITIONS APPLY TO THIS BOOKING. ANY TEACHER TAKEN IN FULL TIME/ TEMPORARY CAPACITY WILL BE SUBJECT TO OUR STANDARD INTRODUCTION FEE.

The above named member of Remedy Education worked the hours shown above and we agree to pay your account and abide with your Terms of Business shown overleaf.