

Safeguarding Plus

Teacher Recruitment, Training & Consultancy

Telephone: 020 3829 4989 / 020 8778 9944 (6.00am-10.00pm)

Nuthatch, Farley Way, Fairlight, East Sussex TN35 4AS

Please complete in **BLOCK CAPITALS** and either post to the address above or scan the signed copy to info@safeguardingplus.co.uk

Full name of teacher: _____

Name and address of school: _____

Week ending: _____

	A.M.	P.M.	Full Day	Late Arrival Time
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

PLEASE NOTE: It is your responsibility as the teacher to ensure that this time sheet reaches us by no later than Monday following the week worked. Failure to do so will result in late payment.

Completed by the Client: I certify, that I have read and agreed to Safeguarding Plus' Terms of Business. I further certify that I am authorised to sign this time sheet and can confirm that the named teacher completed the times as stated above.

An invoice will be raised from the information contained on this sheet.

A copy of our Term of Business is available upon request or to download from our website www.safeguardingplus.co.uk

Signature _____ Print Name: _____

Position: _____ Date: _____

School Tel No: _____