

Timesheet

**Week ending date:**

**School Name:**

**Candidate Name:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Date | Role | Full Day | Morning Only | Afternoon Only | Additional Hours |
| Monday |  |  |  |  |  |  |
| Tuesday |  |  |  |  |  |  |
| Wednesday |  |  |  |  |  |  |
| Thursday |  |  |  |  |  |  |
| Friday |  |  |  |  |  |  |
|  |  | Total Units |  |  |  |  |

|  |  |
| --- | --- |
| **Candidate Signature:** |  |
|  |  |
| **School Contact:** |  |
| **Position:** |  |
| **Signature:** |  |
| **Date:** |  |
|  |  |

All timesheets must be properly authenticated, failure in doing so may cause delays in payments.

Once completed please send a scanned copy of the signed Timesheet to **Office@maze.co.uk** or directly to your consultants’ email address.

Please note, all timesheets must be returned before 4pm each Friday.