

Verity Education,
10 South Molton Street,
London W1K 5QJ

WHITE COPY - VERITY OFFICE
PINK COPY - TEMP'S COPY
BLUE COPY - SCHOOL'S COPY

Tel: 020 7629 8786
Fax: 020 7629 8828

SCHOOL: _____

NAME OF TEMPORARY WORKER: _____

WEEK: _____ / _____ / _____ (Monday's date) - _____ / _____ / _____ (Friday's date)
dd / mm / yy *dd / mm / yy*

SUMMARY OF DAYS / HOURS WORKED			
TYPE OF POST: <input type="checkbox"/> TEACHER <input type="checkbox"/> CLASSROOM ASSISTANT <input type="checkbox"/> NURSERY NURSE <input type="checkbox"/> OTHER: _____			
	NOTES	WHOLE DAY	HALF DAY
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
TOTAL DAYS WORKED			

I certify that the above listed days AND/OR hours have been worked and that payment will be made in respect of these according to your terms and conditions of business.

REPRESENTATIVE SIGNATURE: _____

REPRESENTATIVE POSITION: _____ DATE: _____