

School/Nursery

School/Nursery Address

Post Code

Teacher/Assistant's First Name

Teacher/Assistant's Last Name

Payroll Number

Week Commencing (Monday)

Engagement Details – eg. Key Stage 3 – Year 5 – SEN – etc.

| Day | Dates Worked | AM | PM | Payable (days) | Hours Worked |
|---------------------------|----------------------|---|-------------------------------------|---------------------------|----------------------|
| | D D M M Y Y Y Y | Tick indicates duties performed in AM or PM | | | |
| <i>Example</i> | 1 5 0 9 2 0 0 5 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 1 | 8.5 |
| Mon | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| Tue | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| Wed | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| Thur | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| Fri | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| Sat | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| Sun | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| Total Days Payable | | | | <input type="text"/> | <input type="text"/> |
| | | | | Total Hours Worked | |

Dates Worked

D D M M Y Y Y Y

AM

PM

Tick indicates duties performed in AM or PM

Payable (days)

Hours Worked

Example

1 5 0 9 2 0 0 5

1

8.5

Mon

Tue

Wed

Thur

Fri

Sat

Sun

Total Days Payable

Total Hours Worked

To the School/ Nursery:

I confirm that the above temporary teacher/assistant has worked the half days /days stated satisfactorily and that your invoice will be paid in accordance with your payment terms. Furthermore, I understand that if we subsequently engage the temporary worker or introduce them to any third party, then a placement fee may be charged in accordance with Clause 8 (Transfer and Introduction Fees) overleaf.

Date

Signature – School/Nursery

To the Teacher/Assistant:

Please read and sign to agree with the following:

I confirm that I have worked the days detailed and that any rest periods to which I am entitled have been taken. I have informed Smart Teachers of any work I have carried out for any third party.

Date

Signature – Teacher/Assistant

Please send to: Smart Teachers, Innovate Office, Lakeview Drive, Sherwood Park, Nottingham NG15 0DT, or use the pre paid envelope provided.

To arrive no later than 12.00 noon on the Tuesday following the week in which the work was done.

T: 01623 726260 F: 01623 729333