

## TIME SHEET

NURSERY \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

NAME \_\_\_\_\_

Please tick  NNEB /  BTEC /  NVQ3  NURSERY ASSISTANT

| DAY                | DATE | START TIME | FINISH TIME | DEDUCT LUNCH | HOURS WORKED |
|--------------------|------|------------|-------------|--------------|--------------|
| MON                |      |            |             |              |              |
| TUES               |      |            |             |              |              |
| WED                |      |            |             |              |              |
| THURS              |      |            |             |              |              |
| FRID               |      |            |             |              |              |
| SAT                |      |            |             |              |              |
| SUN                |      |            |             |              |              |
| TOTAL HOURS WORKED |      |            |             |              |              |

### TO BE COMPLETED BY THE MANAGER OR DEPUTY

I certify that the total hours shown are true and correct and we should be invoiced accordingly.

Signature \_\_\_\_\_

Name \_\_\_\_\_

### TO BE COMPLETED BY THE TEMPORARY WORKER

I certify that these hours were worked by me and were properly verified by an authorised official of the client.

Signature \_\_\_\_\_

Date \_\_\_\_\_

PLEASE RETURN THIS TIME SHEET TO THE ABOVE OFFICE

Please enclose your P45 or P46 and bank details with your first time sheet.

PLEASE RETURN TOP 2 COPIES.

