

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.

