



GCS Education Time-Sheet

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PLEASE COMPLETE AND RETURN THIS TIMESHEET NO LATER THAN 11:00 A.M. THE FOLLOWING MONDAY SIGNED BY THE CLIENT'S REPRESENTATIVE.

DETAILS

Employee Name: _____ School: _____
Employee ID: _____ Client: _____
Address: _____ Department: _____
_____ Week Ending: _____

HOURS

	DATE	AM	PM	DAYS
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				
SUNDAY				
	TOTAL DAYS WORKED:			

CLIENT AUTHORISATION

As authorised signatory, I confirm that the above hours are the total hours to be invoiced.

School Signature: _____ Date: _____
Signatory Print Name: _____ Full Position: _____
Teacher Signature: _____ Date: _____

By signing this timesheet, I am confirming that I have received, read, understood and agree to the Terms & Conditions of this business. That any change of relationship/status with a teacher or person introduced by this business may attract a fee under the Department of Trade & Industries Conduct of Employment Agencies & Employment Business Regulations (www.dti.gov.uk/agency/business.htm)