

WEEKLY TIMESHEET

Please ensure timesheets are faxed to **01772 430077** or emailed to **timesheets@m2education.co.uk** by **MONDAY at 11am** for payment on time

Name		School	
Consultant		Postcode	
Week Ending (Friday)			

FOR COMPLETION BY CANDIDATES

I confirm that I have received and read M2 Education's Terms of Engagement and have completed the work detailed below.

DAY	DATE	AM / HOURS	PM / HOURS	TOTAL
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
TOTAL DAYS / HOURS FOR THE WEEK				

FOR COMPLETION BY SCHOOLS / NURSERIES

I certify that this staff member has completed the above hours and agree to pay M2 Education Limited in accordance with your Terms & Conditions of Business.

NAME		POSITION	
SIGNATURE		DATE	