



TIMESHEET

BumbleBee Education

CANDIDATE

NAME: _____

PAYROLL/ID NUMBER: _____

SCHOOL/NURSERY

NAME: _____ POSTCODE: _____

WEEK COMMENCING, MONDAY: _____

Please complete either the Daily Paid or Hourly Paid Assignment box

DAILY PAID ASSIGNMENT:

Please tick to confirm the days worked below								
	MON	TUES	WED	THURS	FRI	SAT	SUN	TOTAL
FULL DAY								
AM ONLY								
PM ONLY								

HOURLY PAID ASSIGNMENT:

Please enter hours worked below								
	MON	TUES	WED	THURS	FRI	SAT	SUN	TOTAL
START TIME								
FINISH TIME								
TOTAL HOURS								

CANDIDATE: I confirm that I have worked the days/hours detailed above and that the information given on this timesheet is accurate.

Name: _____ Signed: _____ Date: _____

CLIENT: I certify that I am an authorized employee of the named client and that the above named Temporary Worker(s) have attended for assignment with us at the stated times and to our satisfaction. By signing this timesheet I certify that I have read and agree to be bound by the Terms & Conditions of BumbleBee Education Ltd.

Name: _____ Signed: _____ Date: _____

In order to ensure prompt payment for the days/hours worked, it is important that we receive this timesheet by 10 am the following Monday. Please return to: saleem@bumblebee-education.co.uk or fax to 0208 4326352. Any timesheets received late may not be processed on time. For any accounts queries, please contact BumbleBee Education Accounts Department.