



Time Sheet

COMPLETE **ONE** TIME SHEET **PER** NURSERY, **PER** WEEK. ALL TIME SHEETS **MUST** BE RECEIVED BY END OF BUSINESS FRIDAY AFTER YOUR LAST SHIFT. IF YOUR TIME SHEET IS NOT RECEIVED ON TIME, PAYMENT MAY BE DELAYED.

Please email your timesheet to:
timesheets@wizardstaffsolutions.com

Please note; all timesheets must be signed **DAILY** by an authorised person in the nursery to validate it.

YOUR NAME:							
YOUR SIGNATURE:				NAME OF THE NURSERY YOU WORKED IN:			
DAY	DATE	START	BREAK (IN MINUTES)	FINISH	TOTAL HOURS (DEDUCTING ANY BREAK)	NURSERY AUTHORISING SIGNATURE:	PRINT NAME OF NURSERY SIGNATORY & JOB TITLE:
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
TOTAL HOURS WORKED THIS WEEK AT THIS NURSERY							

Signatories are deemed to be authorised by the Client Company and to have received, read, understood and agreed our Company's Terms and Conditions of business. Additionally, should a client engage this person in ANY CAPACITY, whether on a temporary, permanent or self-employed basis, the client will be liable for an introductory fee.