

|               |  |                 |  |
|---------------|--|-----------------|--|
| Supply Worker |  | Weekending      |  |
| Signature     |  | Your consultant |  |

**To be completed by the school contact**

| Day               | Arrival Time | Departure Time | Full Days | Half Days |
|-------------------|--------------|----------------|-----------|-----------|
| Monday            |              |                |           |           |
| Tuesday           |              |                |           |           |
| Wednesday         |              |                |           |           |
| Thursday          |              |                |           |           |
| Friday            |              |                |           |           |
| <b>Total Days</b> |              |                |           |           |

We certify that the total hours worked are correct and the supply worker's performance over these hours has been satisfactory. TeacherActive are hereby authorised to invoice our organisation at the agreed rate and we agree to accept your terms and conditions of business. We agree that, should any supply worker introduced to us by you later be offered any further work, it will be through TeacherActive.

|  |  |  |
|--|--|--|
| <i>School Contact</i>                    | <i>Position</i>                          |  |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |  |
| <i>Name</i>                              | <i>Signature</i>                         | <i>Date</i>                              |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 80%;" type="text"/> |
| <i>School Name</i>                       |  |  |
| <input style="width: 95%;" type="text"/> |  |  |