Protocol Education Timesheet

Schools and Nurseries

protocol education
Recruitment with a personal touch

It is the responsibility of the candidate to ensure that each section of the Timesheet is completed in **BLOCK CAPITALS** using a black ball point pen and is **SIGNED** by an authorised person at the School/Nursery. Failure to do so may result in the Timesheet being rejected. To ensure you are paid on time, Timesheets **MUST** be received by us before **18.00** on **MONDAY** following the week worked.

Approved Timesheets should be: (a) Scanned and emailed to payroll@protocol-education.com
(b) Faxed to 020 7421 2900
(c) Posted to Payroll Department, Protocol Education Limited, 40-43 Chancery Lane, London WC2A 1JA

Candidate Details

First Name

Last Name

Payroll Number –

Assignment Details

School/Nursery Name

School/Nursery Address

Postcode

TIME DETAILS - PLEASE COMPLETE **ONLY ONE** OF THE TABLES BELOW (EITHER DAILY **OR** HOURLY PAID)

Week commencing Monday (Day/Month/Year)

Daily Paid Candidates

	e.g.	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
AM	✓							
PM	✓							
Payable Days	1							

Total Days Payable

Hourly Paid Candidates

	e.g.	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Start Time	9.00am							
Finish Time	5.00pm							
Payable Hrs	7							

Total Hours Payable

TO BE COMPLETED BY EMPLOYEES OF KEY PORTFOLIO LIMITED ONLY - EXPENSE DETAILS

Portfolio

Non-receipted scale rate payments

Claims for scale rate payments can only be processed for each day worked.
To claim for a particular scale rate payment please put a ✓ in the appropriate box.

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Breakfast							
Lunch							
Dinner							

Mileage Claim

Complete the relevant box with mileage incurred.

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Total
Car/Van								
Motorbike								
Bicycle								

☐ **BY TICKING THE BOX, I CONFIRM THAT I AM AN EMPLOYEE OF KEY PORTFOLIO LIMITED** and I am site based in accordance with sections 336-339 ITEPA 2003. As detailed above, I claim for: breakfast each morning that I purchased breakfast if my job obliged me to leave home before 7am; lunch for each day that I purchased lunch; evening meal each day I purchased an evening meal when I was away from home for more than 10 hours.

☐ By ticking the box, I am claiming for the use of my home as an office of £3.00 per week.

☐ By ticking the box, I confirm that I have completed a Portfolio Expense Form for my receipted expenses and sent it to Key. (For every Portfolio Expense Form received with expenses over £10, Protocol gives £1 to our chosen charity)

For full details of any additional expenses to which you may be entitled to claim, please refer to the Key Portfolio Expense Guide. For more information see www.mykeypay.com or contact Key on 0845 371 0303.

Approval Requirements

SCHOOL/NURSERY

I confirm that the above temporary worker has worked the hours/days stated above, as adjusted if necessary, satisfactorily and that your invoice will be paid in accordance with your payment terms. Furthermore I understand that if we subsequently engage the temporary worker or introduce them to any third party, then a placement fee may be levied in accordance with your terms and conditions of contract.

By signing this timesheet you are agreeing to our Terms and Conditions (available to download from http://www.protocol-education.com/looking-for-staff-uk.php or on request from your consultant).

Signed: **Date:**

Print Name:

Comments:

CANDIDATE

I certify that I have worked the hours/days detailed above and have taken all rest periods as required and that the information given on this timesheet is accurate.

Signed: **Date:**

Print Name: