Protocol Education Timesheet

Schools and Nurseries

Quality Mark Supply Teachers Accredited on behalf of the Department for Education

REC Audited

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 (TIFF or JPEG formats only)
(b) Faxed to 020 7421 2900
(c) Posted to Payroll Department, Protocol Education Limited, 40-43 Chancery Lane, London WC2A 1JA

Worker 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 Workers

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

Total Days Payable

Hourly Paid Workers

	e.g.	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Start Time	9.00am							
Unpaid Breaks	1 hr							
Finish Time	5.00pm							
Payable Hrs	7							

Total Hours Payable

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

		Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Total No.
Scale Rate Subsistence claims*		(Use ✓ to indicate)							
Breakfast Rate	I left home earlier than usual and before 6am and incurred the cost of a meal								
Five Hour Meal Rate	I was away from home for five hours and incurred the cost of a meal								
Ten Hour Meal Rate	I was away from home for ten hours and incurred the cost of a meal								
Late Evening Meal Rate	My working day finished later than usual and after 8pm and I incurred the cost of a meal which I would usually have at home								
Mileage claims*		(Insert no. of miles against relevant transport rounding up to nearest whole mile)							
Car/Van									
Motorcycle/Scooter									
Bicycle									

Only select one per day

Portfolio

BY TICKING THE BOX, I CONFIRM THAT I AM AN EMPLOYEE OF KEY PORTFOLIO LTD and I am site based in accordance with sections 336-339 ITEPA 2003

By ticking the box, I confirm that I have completed a Portfolio Expense Form for my receipted expenses and sent it to Key.

*Supporting evidence for these expenses must be retained by you. For the qualifying criteria and current values for these expenses, please refer to Key Portfolio's Expense Guide OR HMRC's website www.hmrc.gov.uk/briefs/income-tax/brief2409.htm

REMEMBER: If you have any other expenses, submit these to Key on your Expense Form available from www.mykeypay.com

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 our website or on request from your consultant).

Signed: **Date:**

Print Name:

Comments:

WORKER

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: