

Teacher Attendance Form

Name:		School: (please choose from the drop down menu)			
Address:		Employee Ref. No:			
		NI Number:			
Tel. No:		Contract Type:			
Presently employed as Permanent Teacher in another EDC School:		Yes		No	
If yes, choose the school from the drop down menu:					

Time sheet to be completed **electronically** by teacher then **e-mailed** to school office for authorisation.

PLEASE NOTE: To be paid on time, time sheets must be submitted by the last Friday of each month. Failure to do this could lead to delays and Payroll processing will carry forward to next month.

Please refer to your **booking confirmation e-mail** or school website for **school website** for office e-mail address.

Please make subject name of e-mail to office:
Teacher Attendance Form and mark as High Priority

Week 1	Date (dd/mm/yy)	Full Day? Y/N	If no, enter hours	Sick	Booking Type	Reason Code
					To be filled in by Office Staff	
Mon						
Tues						
Wed						
Thur						
Fri						

Week 2	Date	Full Day? Y/N	If no, enter hours	Sick	Booking Type	Reason Code
					To be filled in by Office Staff	
Mon						
Tues						
Wed						
Thur						
Fri						

Week 3	Date <small>(dd/mm/yy)</small>	Full Day? Y/N	If no, enter hours	Sick	Booking Type	Reason Code
					To be filled in by Office Staff	
Mon						
Tues						
Wed						
Thur						
Fri						

Week 4	Date	Full Day? Y/N	If no, enter hours	Sick	Booking Type	Reason Code
					To be filled in by Office Staff	
Mon						
Tues						
Wed						
Thur						
Fri						

Week 5	Date <small>(dd/mm/yy)</small>	Full Day? Y/N	If no, enter hours	Sick	Booking Type	Reason Code
					To be filled in by Office Staff	
Mon						
Tues						
Wed						
Thur						
Fri						

Days Worked: Full Sheet Total		Sick Absence	
Whole Days	Hours	Whole Days	Hours
Please tick the box to acknowledge that timesheets submitted incorrectly or late could result in delays in payment			
Name:			
Date:			