

Phoenix Yard
First Floor Jubilee Building
5 Upper Brown Street
Leicester
LE1 5TE

TIMESHEET

Students Full Name: Students Place of Study:

T: (0116) 2548881

E: info@learningsupportcentre.com

Support Type							
	Specialist Mental Health Mentor Specialist Autism Mentor Specialist Dyslexia Study Skills Support Specialist Autism Study Skills Support Language support Tutor for Deaf Students Assistive Technology Training (ATT) BSL Interpreter						
Allocate Academ	ed hours for nic year						
Hours remaining							

MONTH ENDING DATE:		(Friday prior to 20 th of month.)					
Date of	Student	Date of	Time	Time	Number	Student	
booking	Signature to	session	started	finished	of hours	signature	
	confirm booking or						
	reference email on						
	Max						
1.							
2.							
3.							
4.							
5.							
6.							
Total Hours worked							
						1	

Timesheets completed incorrectly will not be processed for payment

Signature:

Name:

Session number	Location of session	Topics intended to be covered	If applicable please tick to confirm the session was at a pace that suited you and that you were offered rest breaks where required	Student signature	If your student has to cancel with less than 24hrs notice, please note this below and state reason for cancellation	Feedback on session	Action for next session
1							
2							
3							
4							
5							
6							