Student Name	
Student CRN	
Student D.O.B	
Support Type	

INVOICE NUMBER	
Company Name	The Learning Support
	Centre
Funding Body	



Attended Sessions

Location	Mode of Delivery	Date	Start Time (HH:MM)	Finish Time (HH:MM)	Total Breaks* (HH:MM)	Total Hours	Student Signature	Support Worker (PRINT NAME)	Support Worker Signature

^{*}Breaks – Support provided more than 8 consecutive hours are expected to include a break. Breaks must be recorded within 15min blocks. 'Comfort' breaks taken during shorter sessions do not need to be declared

Missed or Cancelled Sessions

Only chargeable missed/cancelled sessions should be included in this section. To ensure that we can process the invoice in a timely manner, please state the date and time when you were informed by the student that the session was cancelled along with the reason for cancellation. For non attendance please enter "NA" into the *Date and Time Informed* box below.

Reason	Date	Start Time (HH:MM)	Finish Time (HH:MM)	Total Hours	Date & Time Informed

TOTAL TIMESHEET HOURS	
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Standard Timesheet Instructions

Please complete required fields as per below instructions.

Student Name	Please enter the student's name.		
Student CRN	Please enter the student's CRN.		
Student D.O.B Please enter the student's date of birth.			
INVOICE NUMBER Please enter the invoice number to which the timesheet relates. (OFFICE USE ONLY)			
Support Type Please enter the support type (e.g. Study Skills).			
Company Name Please enter your company name. ALREADY COMPLETE			
Funding Body Please enter the funding body, e.g. SFE (OFFICE USE ONLY)			
LOGO	Please enter your company's logo into this area, if desired.		

Only one Support type per timesheet. If multiple Support types are included on an invoice, separate individual timesheets must be created per Support Type.

Attended Sessions

Location	Please provide details of the location where the support session was held.				
Mode of Delivery	Please provide details of how the support was delivered i.e face-to-face, skype etc.				
Date	Please enter the date support was provided.				
Start Time (HH:MM)	Please enter the start time of the session (HH:MM format).				
Finish Time (HH:MM)	Please enter the finish time of the session (HH:MM format).				
Total Breaks (HH:MM)	Please enter the total amount of time taken as breaks (HH:MM format). Support provided more than 8 consecutive hours are expected to include a break. Breaks must be recorded within 15min blocks. 'Comfort' breaks taken during shorter sessions do not need to be declared.				
Total Hours	Please enter the total amount of hours per session (minus any breaks).				
Student Signature	Student must sign to confirm they have received this support.				
Support Worker (PRINT NAME)	Support Worker to print their name.				
Support Worker Signature	Support Worker must sign to confirm they have provided this support.				
A	All the information above must be completed for each session.				

Missed or Cancelled Sessions

Reason	Please enter the reason for the missed or cancelled session.		
Date Please enter the date the support was due to be provided.			
Start Time (HH:MM) Please enter the time the session was due to start (HH:MM format).			
Finish Time (HH:MM) Please enter the time the session was due to finish (HH:MM format).			
Total Hours Please confirm the total amount of hours for the missed or cancelled session.			
Date & Time Informed Please confirm the date and time you were informed by the student.			
All the information above must be completed for each chargeable missed or cancelled session.			

TOTAL TIMESULET HOURS	Please confirm the total amount of hours entered on the timesheet including any
TOTAL TIMESHEET HOURS	missed/cancelled sessions being charged for.

Example - Standard Timesheet

Student Name	Joe Bloggs	1 4
Student CRN	12345678910	
Student D.O.B	01/01/1990	
Support Type	Mentor Support	

INVOICE NUMBER	1234
Company Name	MMU
Funding Body	SFE

Attended Sessions

Location	Mode of Delivery	Date	Start Time (HH:MM)	Finish Time (HH:MM)	Total Breaks (HH:MM)	Total Hours	Student Signature	Support Worker (PRINT NAME)	Support Worker Signature
MMU	Face-to-face	01/01/2017	09:00	17:00	00:30	7.5		A Worker	
MMU	Face-to-face	02/01/2017	11:30	14:00	00:00	2.5		A Worker	
MMU	Skype	03/01/2017	11:00	12:00	00:00	1		A Worker	

^{*}Breaks – Support provided more than 8 consecutive hours are expected to include a break. Breaks must be recorded within 15min blocks. 'Comfort' breaks taken during shorter sessions do not need to be declared

Missed or Cancelled Sessions

Only chargeable missed/cancelled sessions should be included in this section. To ensure that we can process the invoice in a timely manner, please state the date and time when you were informed by the student that the session was cancelled. For non attendance please enter "NA" into the Date and Time Informed box below.

Reason	Date	Start Time (HH:MM)	Finish Time (HH:MM)	Total Hours	Date & Time Informed
Illness	04/01/2017	11:00	12:00	1	04/01/2017 at 9:00am

TOTAL TIMESHEET HOURS	12