**EXTERNAL CONTRIBUTORS Timesheet**

**For Office Use Only**

|  |  |
| --- | --- |
| **Name:** |  |
| **Total Hours:** |  |
| **Date/Month:** |  |
| **Approved:** |  |

Please return to:

**Úna Speed**

**Senior Operations Administrator**

**School of Health & Social Care**

**University of Essex**

**Wivenhoe Park**

**Colchester CO4 3SQ**

T +44 (0)1206 874230

E uspeed@essex.ac.uk

This is a covering letter to confirm delivery of a session for (please place X in box):

|  |  |
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|  | Colchester Campus |
|  | Southend Campus |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of External Contributor: | | |  | | | |
| Please list details of session(s) delivered (please do **not** include lunchbreaks) | | | | | | |
| **Dates** | **Total Hours** | **Cost Code/ Hourly Rate (if known)** | **Type of Session** | **Module**  **(if teaching)** | | **Organised By:** |
|  |  |  |  |  | |  |
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|  | | | | | | |
| For Service Users/Volunteer Only:  (please tick) | | | Honorary Member: | |  | |
| Casual Contract: | |  | |

***If sending electronically, please print name and copy organiser in your email with attachment***

|  |  |
| --- | --- |
| Signature of External Contributor: |  |
| Signature of Organiser: |  |

|  |
| --- |
| **Please email or hand in this form to the above address upon completion** |