



Client Information	
School Name:	<b>Todor Angelevski</b>
School Address:	<b>54 Broadway London SW29 1RM, SW1H 0RG, London</b>
Point of contact:	
Email address of contact:	

Confirmation of Agreement	
Name of Worker:	<b>Todor Lazov</b>
Job Title:	<b>job_2</b>
Start of Assignment:	<b>09.Aug.2024</b>
End of Assignment:	<b>29.Aug.2024</b>
Specific hours/days/time keeping requirements	
Notice period for temporary Worker to terminate assignment	
Take home pay	
Payment Frequency	

Temporary Worker's Services Information	
Print Name:	
Date:	
Employment Business Signature	
Print Name	<b>Admin Admin</b>

Signature Date:

**08.Aug.2024**