

For payroll enquiries  
 Email: info@sunflowerttm.com  
 call: +44 7480 420220

# Sunflower TTM Ltd



Send to:  
 Sunflower TTM Ltd,  
 2 Mansfield Park Street,  
 Southampton, SO18 5AD

Copies: White + Pink - send to office    Yellow - worker copy    Blue - leave with client

<b>Candidate Name</b>		<b>Location</b>	
<b>Client Name</b>		<b>Department/ Ward</b>	
<b>Grade/ Specialty</b>		<b>Week Ending Date (Sunday)</b>	
<b>Reporting to</b>		<b>Client Induction</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

	Reference Number	Date	Start Time	Start Break	End Break	End Time	Total Break Deduction	Total Hours Worked	Client Signature
e.g.	1012345678	01/01/2018	08:00	13:00	14:00	21:00	1 hour	12.0	example
<b>Monday</b>									
<b>Tuesday</b>									
<b>Wednesday</b>									
<b>Thursday</b>									
<b>Friday</b>									
<b>Saturday</b>									
<b>Sunday</b>									
<b>Total Hours</b>									

Client Feedback – Please tick as appropriate	N/A	Unsatisfactory	Satisfactory	Good	Excellent
Clinical Skills					
Clinical Knowledge					
Organisational Skills					
Management Skills					
Reliability					
Communication Skills					
Attitude					
Relationship with Patients and Staff					

**Client Authorisation**

**PLEASE CHECK TIMESHEET IS CORRECTLY FILLED OUT IN FULL BEFORE SIGNING .**

I am an authorised signatory for my ward/department and I am signing below to confirm that the above named agency worker is correct, the date/times/shift and ward are accurate and I approve payment. I understand that if knowingly authorise false information this may result in disciplinary action and I may be liable for prosecution and civil proceedings. I consent to the disclosure of information from this timesheet to and by the NHS body and the NHS Counter Fraud and Security Management Service for the purposes of verification of this claim and the investigation, detection and prosecution of Fraud.

Signed..... Print Name..... Position..... Date.....

**Candidate Declaration**

I declare that the information I have given on this form is correct and complete and that I have not claimed elsewhere for the hours/shifts detailed on this timesheet. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable for prosecution and civil proceedings. I consent to the disclosure of information from this timesheet to and by the NHS body and the NHS Counter Fraud and Security Management Service for the purposes of verification of this claim and the investigation, prevention, detection and prosecution of Fraud.

Signed..... Print Name.....

Position..... Date.....

**Mileage (qualifying non NHS clients)**

Days @            miles per day @ 35 pence  
 per mile over 20 mile round trip.

Any questionable timesheets must be immediately brought to the attention of Local Counter Fraud Specialist (within England) or you may report any case, in confidence to the NHS Fraud and Corruption Reporting Line on 0800 028 4060 (within England).