

Hours and Payment Sheet

VCMHS Peer Support Program (1-1)

Section A (to be completed by the peer support worker, and submitted to their supervisor.)

<i>Peer Support Worker Name</i>		<i>Cost Centre Number</i>	<i>Month</i>
<i>Address to send cheque:</i>		<i>Direct Deposit</i> <input type="checkbox"/>	
<i>Date (dd/mmm/yy)</i>	<i># of hours</i>	<i>Activities (walk, phone call, connection to community resource, practising transit, developing routine, goal review with referral staff + client, meeting, social activation, cancellation, etc)</i>	
Total hours billed:		Allotted monthly hours:	Hourly rate: \$
			Group form attached: <input type="checkbox"/>

		\$
<i>PSW signature certifying peer support time</i>	<i>Team/Unit</i>	<i>Total</i>

Section B (to be completed by the PSW's supervisor)

<i>Name (please print)</i>	<i>Signature</i>	<i>Date</i>
		<i>Team/Unit</i>