

Hours and Payment Sheet

VCMHS Peer Support Program (Groups)

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"/>			
Date (dd/mmm/yy)	# of clients	# of hours	Group Name	Date (dd/mmm/yy)	# of clients	# of hours	Group Name
Total hours billed:			Allotted monthly hours:	Hourly rate: \$	1-1 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>Team/Unit</i>