

# Hours and Payment Sheet

## VCMHS Peer Support Program (group)

**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>                                       |  |
|---------------------------------|-----------------|---------------|--------------------------------|---------------------|------------------------|---------------|--|--|
|                                 |                 |               | 75103005-625-8601505           |                     |                        |               |  |  |
| <i>Address to send cheque:</i>  |                 |               |                                |                     |                        |               |  | <i>Direct Deposit</i> <input type="checkbox"/> |
| Date<br>(dd/mmm/yy)             | # of<br>clients | # of<br>hours | Group Name                     | Date<br>(dd/mmm/yy) | # of<br>clients        | # of<br>hours | Group Name   |  |
|                                 |                 |               |                                |                     |                        |               |  |  |
|                                 |                 |               |                                |                     |                        |               |  |  |
|                                 |                 |               |                                |                     |                        |               |  |  |
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|                                 |                 |               |                                |                     |                        |               |  |  |
|                                 |                 |               |                                |                     |                        |               |  |  |
|                                 |                 |               |                                |                     |                        |               |  |  |
| <b>Total hours billed:</b>      |                 |               | <b>Allotted monthly hours:</b> |                     | <b>Hourly rate: \$</b> |               | <b>1-1 form attached:</b> <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> |