

# 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> 75103005-625-8601505	<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>	
<b>Total hours billed:</b>		<b>Allotted monthly hours:</b>	<b>Hourly rate: \$</b>
			<b>Group form attached:</b> <input type="checkbox"/>

		\$
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*PSW signature certifying peer support time* *Team/Unit* *Total*

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

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*Name (please print)* *Signature* *Date* *Team/Unit*