

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.)

Peer Support Worker Name

Cost Centre Number

Month

		75103005-625-8601505			
Address to send cheque:		Direct Deposit			
Date (dd/mmm/yy)	#of Hours	Client + Activity (walk, community engagement meeting, cancellation)	Date (dd/mmm/yy)	#of Hours	Client + Activity (walk, community engagement meeting, cancellation)
Total hours billed:		Hourly rate: \$		Group form attached:	

How many 1:1 sessions did you have?	
How many clients do you have?	
How many group client contacts (4 clients, once per week = 16)?	

	South MHS	\$
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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

Original to Accounts Payable

Copy to Team/Unit PSW file

Copy to Peer Support, peertimesheet@vch.ca, 200-520 W 6th Ave

Copy to Peer Support Worker