

# Hours and Payment Sheet

## VCMHS Peer Support Program (Groups)

**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 <input type="checkbox"/>
Date (dd/mmm/yy)	# of clients	# of hours	Group Name	Date (dd/mmm/yy)	# of clients	# of hours	Group Name	
<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>