

# 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

<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
<b>Total hours billed:</b>			<b>Allotted monthly hours:</b>	<b>Hourly rate: \$</b>	<b>1-1 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