



RESPITE WORKER SERVICE RECORD

Submissions are due on the 1st and 16th of each month by 8:00 am

PLEASE DROP OFF AT: GUELPH – 80 WATERLOO AVENUE, GUELPH OR FAX TO (519) 821-9865
FERGUS - 234 ST. PATRICK ST. E., FERGUS OR FAX TO (519) 843-7608
MOUNT FOREST - 392 MAIN ST. N., MOUNT FOREST OR FAX TO (519) 323-3771

Pay Period Ending Date _____

Total Hours

Employee Name		Client Name		CMHA Worker Name
Date	Day	Hours From - Hours To *	Regular Hours	Stat Holiday Hours **

* **Example:** 9:00 a.m. - 5:00 p.m. ** Please record hours worked at regular time. **Note:** Inform the Recruitment and Training Coordinator of your availability for additional contracts 1-844-264-2993 x.2110. **Signatures***** Employees must sign before submitting Service Record for Processing.

Employee _____

Approved by CMHA Worker _____

For Office Use Only

Spreadsheet updated: _____

- | | | |
|---|------------|------------------|
| <input type="checkbox"/> Children's Mental Health Respite Flex Fund | Code A567 | Amount: \$ _____ |
| <input type="checkbox"/> Children's Intensive Fund | Code A556 | Amount: \$ _____ |
| <input type="checkbox"/> Infant Mental Health Flex Fund | Code A562 | Amount: \$ _____ |
| <input type="checkbox"/> Service Resolution Flex Fund | Code _____ | Amount: \$ _____ |
| <input type="checkbox"/> Other | Code _____ | Amount: \$ _____ |