Canadian Mental Health Association
Waterloo Wellington

Association canadienne pour la santé mentale
Waterloo Wellington

SSAH 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

Coordinator Name

Date	Day	Hrs From - Hrs To *	Regular Hours	Supervision Hours	Training Hours	Stat Holiday Hours **	Overnight Sleep Hours

* Example 9:00 a.m. - 5:00 p.m.

** Please record hours worked at regular time

Note: Inform Family Support Options of your availability for additional contracts, call your Coordinator or the Recruitment and Training Coordinator at 1-844-264-2993 ext. 2110.

Signatures***

Parent/Legal Guardian

Employee

***Service records will only be processed with both signatures. Clients, over the age of 16 years may sign, with parent's permission. If the family is unable to sign, workers are required to contact their Coordinator, within the submission time frame, for approval.