



PLEASE DROP OFF AT:
 GUELPH - 147 DELHI STREET, 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

PASSPORT SERVICE RECORD

TRELLIS MENTAL HEALTH AND DEVELOPMENTAL SERVICES FAMILY SUPPORT OPTIONS

"Everybody is important"

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 **
	Wed					
	Thurs					
	Fri					
	Sat					
	Sun					
	Mon					
	Tues					
	Wed					
	Thurs					
	Fri					
	Sat					
	Sun					
	Mon					
	Tue					

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

** Please record hours worked at regular time

Note: To advise Family Support Options of your availability for additional contracts, call your Coordinator or the Recruitment and Training Coordinator at (519) 821-8089 ext. 247.

Signatures ***

Parent/Legal Guardian _____

Employee _____

Revised October 2010

***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.