

# QUALITY HOUSING and WORK RESPONSIBILITY ACT

## RESIDENT COMMUNITY SERVICE TIME SHEET

(EIGHT HOURS (8) REQUIRED MONTHLY) AREA: \_\_\_\_\_ DEV: \_\_\_\_\_ UNIT: \_\_\_\_\_ TENANT: \_\_\_\_\_

RESIDENT'S NAME \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SOC. SEC. NO. \_\_\_\_\_

*WARNING: THIS SHEET SHOULD BE TURNED IN TO UNIT MANAGER TO AVOID EVICTION NOTICE.*

**NOTE: TOTAL MONTHLY HOURS FOR EACH RESIDENT TO BE POSTED TO DWELLING UNIT COMMUNITY SERVICE LEDGER IN UNIT FILE.**

NAME OF AGENCY OR COMPANY SERVED: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

LOCATION & DESCRIPTION OF WORK: \_\_\_\_\_

DATE	BEGINNING TIME	AM	PM	ENDING TIME	AM	PM	SUPERVISOR'S INITIALS	TOTAL HOURS WORKED

POSTED TO UNIT SERVICE LEDGER: \_\_\_\_\_ TOTAL HOURS:

RESIDENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_