

QUALITY HOUSING and WORK RESPONSIBILITY ACT

RESIDENT COMMUNITY SERVICE TIME SHEET

(EIGHT HOURS (8) REQUIRED MONTHLY)

AREA ___ DEV ___ UNIT ___ TENANT ___

RESIDENT'S NAME: _____

ADDRESS: _____ TELEPHONE: _____

_____ SOC. SEC. NO. _____

WARNING: THIS SHEET SHOULD BE TURNED IN TO THE RESIDENT SERVICES COORDINATOR 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			ENDING TIME			SUPERVISOR'S INITIALS	TOTAL HOURS WORKED
		AM	PM		AM	PM		

POSTED TO UNIT SERVICE LEDGER _____ TOTAL HOURS _____

RESIDENT'S SIGNATURE: _____ DATE: _____

AUTHORIZED SIGNATURE: _____ DATE: _____