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 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 EMPLOYED BY: _____

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:								

AUTHORIZED SIGNATURE: _____DATE: _____