



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: _____