

Housing Authority of the City of Granite City

PHA Family Community Service Monthly Time Sheet

Quality Housing and Work Responsibility Act

(Eight Hours Required Monthly)

Resident's Name: _____

Address: _____ Unit #: _____

City: _____ State: _____ Zip Code: _____

Development Name: _____ Project #: _____

Name of Head of Household: _____

Soc. Sec. No.: _____ Telephone #: _____

Name of Agency or Company Employed By: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____

Supervisor's Name: _____ Telephone #: _____

Location & Description of Work: _____

Date	Beginning Time			Ending Time			Supervisor's Initials	Total Hours Worked
	<input type="checkbox"/>	<input type="checkbox"/>	AM <input type="checkbox"/> PM	<input type="checkbox"/>	<input type="checkbox"/>	AM <input type="checkbox"/> PM		
	<input type="checkbox"/>	<input type="checkbox"/>	AM <input type="checkbox"/> PM	<input type="checkbox"/>	<input type="checkbox"/>	AM <input type="checkbox"/> PM		
	<input type="checkbox"/>	<input type="checkbox"/>	AM <input type="checkbox"/> PM	<input type="checkbox"/>	<input type="checkbox"/>	AM <input type="checkbox"/> PM		
	<input type="checkbox"/>	<input type="checkbox"/>	AM <input type="checkbox"/> PM	<input type="checkbox"/>	<input type="checkbox"/>	AM <input type="checkbox"/> PM		
	<input type="checkbox"/>	<input type="checkbox"/>	AM <input type="checkbox"/> PM	<input type="checkbox"/>	<input type="checkbox"/>	AM <input type="checkbox"/> PM		
	<input type="checkbox"/>	<input type="checkbox"/>	AM <input type="checkbox"/> PM	<input type="checkbox"/>	<input type="checkbox"/>	AM <input type="checkbox"/> PM		
	<input type="checkbox"/>	<input type="checkbox"/>	AM <input type="checkbox"/> PM	<input type="checkbox"/>	<input type="checkbox"/>	AM <input type="checkbox"/> PM		
	<input type="checkbox"/>	<input type="checkbox"/>	AM <input type="checkbox"/> PM	<input type="checkbox"/>	<input type="checkbox"/>	AM <input type="checkbox"/> PM		
	<input type="checkbox"/>	<input type="checkbox"/>	AM <input type="checkbox"/> PM	<input type="checkbox"/>	<input type="checkbox"/>	AM <input type="checkbox"/> PM		
	<input type="checkbox"/>	<input type="checkbox"/>	AM <input type="checkbox"/> PM	<input type="checkbox"/>	<input type="checkbox"/>	AM <input type="checkbox"/> PM		

Posted to PHA Family Comm. Service Log: _____ Total Hours: _____

Authorized Signature: _____ Date: _____

Note: Total Monthly Hours For Each Resident to be Posted to Dwelling Unit Community Service Log In Unit File.

Use Of This System Should Be Addressed In Annual Plan Submission

Warning: This Sheet Should Be Turned In To Unit Manager To Avoid Non-Renewal of Lease (Eviction)