

# 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
			AM			AM		
			PM			PM		
			AM			AM		
			PM			PM		
			AM			AM		
			PM			PM		
			AM			AM		
			PM			PM		
			AM			AM		
			PM			PM		
			AM			AM		
			PM			PM		
			AM			AM		
			PM			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)