raleigh HOUSING authority rha

QUALITY HOUSING and WORK RESPONSIBILITY ACT

RESDIENT COMMUNITY SERVICE TIME SHEET
EIGHT HOURS (8) REQUIRED MONTHLY

RESIDENT'S NAME: _____

ADDRESS: _____ TELEPHONE NO: _____
_____
_____ SOC. SEC. NO: _____
_____

NAME OF AGENCY/COMPANY EMPLOYED BY: _____

TELEPHONE NO: _____ ADDRESS: _____
_____
_____

SUPERVISOR'S NAME: _____ TELEPHONE NO: _____

LOCATION & DESCRIPTION OF WORK: _____
_____
_____
_____
_____
_____

DATE	BEGINNING TIME	AM	PM	ENDING TIME	AM	PM	SUPERVISOR INITIALS	TOTAL HRS WORKED

AUTHORIZED SIGNATURE: _____ DATE: _____

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