



**LENOIR HOUSING AUTHORITY
RESIDENT COMMUNITY SERVICE TIME SHEET
8 HOURS REQUIRED TO BE COMPLETED MONTHLY**

RESIDENT'S NAME: _____

RESIDENT'S ADDRESS: _____

CELLPHONE NUMBER: _____ TELEPHONE NUMBER: _____

NAME OF AGENCY OR COMPANY SERVED: _____

AGENCY OR COMPANY TELEPHONE NUMBER: _____

AGENCY OR COMPANY ADDRESS: _____

AGENCY OR COMPANY SUPERVISOR'S NAME: _____

LOCATION AND DESCRIPTION OF WORK: _____

DATE	START TIME	AM	PM	ENDING TIME	AM	PM	HOURS WORKED	SUPERVISOR'S INITIALS

RESIDENT'S SIGNATURE: _____ DATE: _____

SUPERVISOR'S SIGNATURE: _____ DATE: _____

TOTAL HOURS COMPLETED: _____ HOURS ENTERED INTO SAC: _____

PLEASE EITHER FAX OR MAIL THE RESIDENT COMMUNITY SERVICE TIME SHEET TO THE ADDRESS OR TELEPHONE NUMBER PROVIDED BELOW. THANK YOU.