



300 Hickory • P.O. Box 45 • Carterville, Illinois 62918
Office: 618.985.2422 | Fax: 618.985.6601

QUALITY HOUSING and WORK RESPONSIBILITY ACT
RESIDENT COMMUNITY SERVICE TIME SHEET

(EIGHT HOURS (8) REQUIRED MONTHLY)

RESIDENT'S NAME: _____

ADDRESS: _____ TELEPHONE: _____

NAME OF AGENCY OR COMPANY SERVED: _____

TELEPHONE: _____ ADDRESS: _____

SUPERVISOR'S NAME: _____ TELEPHONE: _____

LOCATION OF WORK: _____

DATE	BEGINNING TIME	AM	PM	ENDING TIME	AM	PM	SUPERVISOR'S INITIALS	TOTAL HOURS WORKED

TOTAL HOURS

RESIDENT'S SIGNATURE: _____ DATE: _____

AUTHORIZED SIGNATURE: _____ DATE: _____

RETURN TO: WCHA-P.O. BOX 45, CARTERVILLE, IL 62918 OR FAX: (618) 985-6601