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COMMUNITY SERVICE TIMESHEET

FOR THE MONTH OF: _____, 20____

Household Member: _____

Address: _____

Agency Name: _____

Agency Phone Number: _____

Supervisor Name and Title: _____

Date	Hours Worked	Date	Hours Worked
1		16	
2		17	
3		18	
4		19	
5		20	
6		21	
7		22	
8		23	
9		24	
10		25	
11		26	
12		27	
13		28	
14		29	
15		30	
		31	

Total Hours for the Month: _____

Tenant Signature

DATE: _____

Supervisor Signature

DATE: _____