

CHECK IF  
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SACS:

## Housing Authority of the City of Freeport HACF Family Community Service Monthly Time Sheet

**Residents Name:**

**Address:**

**Unit:**

**City:** Freeport

**State:** IL

**Zip Code:** 61032

**Development Name:**

**Project#:**

**Head of Household Name:**

**Phone:**

**Name of Agency or Company Employed By:**

**Address:**

**City:**

**State:**

**Zip Code:**

**Supervisor Name:**

**Phone:**

**Location & Description of Work:**

Date	Start Time		Finish Time		Supervisor Initials	Total Hours Worked
		AM - PM		AM - PM		
		AM - PM		AM - PM		
		AM - PM		AM - PM		
		AM - PM		AM - PM		
		AM - PM		AM - PM		
		AM - PM		AM - PM		
		AM - PM		AM - PM		
		AM - PM		AM - PM		
		AM - PM		AM - PM		
		AM - PM		AM - PM		
		AM - PM		AM - PM		

**Grand Total:**

**Posted to HACF Family Comm. Service Log:**

**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 Site Manager to avoid Lease Violation and/ or Non-Renewal of Lease (Eviction)**