

Watervliet Housing Authority

2400 Second Avenue
Watervliet, NY 12189
518/273-4717 fax 518/273-4730
Office@WatervlietHousing.org

COMMUNITY SERVICE TIME SHEET

Name: _____ **Time Period:** _____

Unit Number: _____

Complex: _____

Date	Start Time	End Time	Total Hrs.	Volunteer Work	Signature of Supervisor / Date
MONTHLY TOTALS:					

Resident Signature: _____ **Date:** _____

Time sheets must be completed by the resident and signed/dated by a supervisor for each period of work. Time sheets must be handed in on or before the last day of the month. A minimum of eight (8) hours per month is required.