



501 Tenth Street – Moundsville, WV 26041
Phone (304) 845-3141 – Fax (304) 845-3147

COMMUNITY SERVICE & SELF-SUFFICIENCY REQUIREMENT

HOURS REPORT LOG

Tenant Name: _____

Unit Number: _____

This time sheet is to be used to track your volunteer hours for the Community Service and Self-Sufficiency Requirement (CSSR). It is your responsibility to maintain this log over the course of the year, to be submitted with the paperwork at your next annual review.

Instructions for Completion:

1. Fill in your name and address in the top of this form (please print)
2. Each time you perform a community service or self sufficiency activity, complete a line on the form. Remember to obtain the name, signature, and phone number of the supervisor, instructor, or counselor. These are essential in order for the activity hours to be valid.
3. Store the form in a safe and secure location. In the event you misplace the form, it is your responsibility to recreate the history on it, including obtaining signatures.
4. Turn in the completed form with your Annual Review Paperwork. (Keep a copy for your records)



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Date	Description of Activity	Hours Completed	Name of Supervisor, instructor, or counselor	Signature of Supervisor, instructor, or counselor	Phone Number of Supervisor, instructor, or counselor