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PHONE: FAX:

OFFICE USE ONLY	
FORM #:	219
HOUSEHOLD ID:	
TICKLER #:	
EFFECTIVE DATE:	

Community Service and Self-Sufficiency Requirement Hours Report Log

Volunteer's Name _____
Address: _____
City, State, Zip _____ Unit # _____

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 information on the top of the 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 re-obtaining signatures.
4. Turn in the completed form with your Annual Review paperwork. (Keep a copy for your records)

