

Texas Department of Housing and Community Affairs
Colonia Self Help Center Program



Administrative Personnel Time Sheet

County: _____	Contract Number: _____
Employee Name: _____	Job Title: _____
WEEKLY PROJECT TIME RECORD: BEGINNING: _____ ENDING: _____	

For Employees Working Multiple Contracts/Programs
(40 hour workweeks must be accounted for)

WEEK ENDING:	Program 1	Program 2	Program 3	Program 4	Program 5	VACATION COMP HOLIDAY SICK LV	OTHER WORK FOR LOCALITY	TOTAL HOURS
MONDAY	_____	_____	_____	_____	_____	_____	_____	_____
TUESDAY	_____	_____	_____	_____	_____	_____	_____	_____
WEDNESDAY	_____	_____	_____	_____	_____	_____	_____	_____
THURSDAY	_____	_____	_____	_____	_____	_____	_____	_____
FRIDAY	_____	_____	_____	_____	_____	_____	_____	_____
TOTAL HOURS	_____	_____	_____	_____	_____	_____	_____	_____
WEEKLY COST (Hours x Rate)	_____	_____	_____	_____	_____	_____	_____	_____

Date	Hours Worked	Description of Activities	Hourly Rate	Total Costs
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
See Form 21 Personnel Cost Calculation to determine hourly rate.			Total Weekly Costs:	_____

 Employee Signature

 Date

CERTIFICATIONS:

I, _____ certify that the above-named employee was on the county payroll on the dates stated. Activities, hours, dates and amounts are correct to the best of my knowledge.

 Supervisor Signature

 Date

 Title