Print Form

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