**LMHA Resident Community Service Time Sheet**  
Lake County Locations Only

**Log for Month of ____________, 20____**

<table>
<thead>
<tr>
<th>DATE</th>
<th>START TIME</th>
<th>ENDING TIME</th>
<th>HOURS WORKED</th>
<th>SUPERVISOR INITIALS</th>
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**To Be Completed by Manager/Supervisor Only**

What tasks were completed?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Name of Agency or Organization: ____________________________________________________

Address: _______________________________, City: _____________, Zip: __________

Supervisor (please print) : _________________________________________________________

Supervisor’s Signature: ___________________________________________________________

Phone: ____________________________  Fax: _________________________

Date: _____________________________

E-mail: ________________________________@_______________________