CDBG / ESG / HOPWA
HARTFORD-HUD PROGRAM TIME SHEET

AGENCY: _____

EMPLOYEE NAME: _____

MONTH REPORTING: _____

	PROGRAM HOURS WORKED EACH DAY																															
DAYS OF THE MONTH	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**	**24**	**25**	**26**	**27**	**28**	**29**	**30**	**31**	**TOTAL**
TASK																																
																																0
																																0
																																0
																																0
																																0
																																0
																																0
TOTAL HUD PROGRAM HOURS																																0
TOTAL OTHER PROGRAM HOURS																																0
TOTAL HOURS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

_____   _____
    Employee Signature   **Supervisor Signature**