**Employee Name** _____

**Employee Signature** _____

**Classification** _____

**CDBG**

# Monthly Time Report

## Oakland County Community & Home Improvement

**Month**_____**Year**_____-

**Community** _____

**Amount Requested** _____

| CDBG Eligible Activity | 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 Hours | Hourly Rate | Wages | Fringe Benefits |
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| Totals | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Fringe Benefits

Life Ins. _____ FICA _____ Disability _____ Other _____
Hospital Ins. _____ Unempl. _____ Wrk. Comp. _____
Dental Ins. _____ Retire. _____ COLA _____

Approved By _____

Title _____

Date _____