D/SC CS 105 (2/2010)

COMMUNITY SERVICE TIME SHEET

Volunteer: _____ Month: _____

Agency: _____ Agreed Schedule: _____

Supervisor: _____ Phone: _____

DATE	TOTAL HOURS WORKED	WORK DESCRIPTION	SUPERVISOR'S INITIALS

TOTAL HOURS REQUIRED: _____

HOURS COMPLETED: _____ HOURS LEFT: _____

COMMENTS: _____

_____

_____

I hereby certify that the above record is a true representation of the number of hours of community service performed.

_____

Volunteer Signature Date Agency Supervisor Date

(This form is to be submitted monthly with your monthly supervision report.)

U.S. Probation Office