

COMMUNITY SERVICE TIME SHEET

Date:

Juvenile Name: _____ **Case Number:** _____

One of the sanctions imposed on you was that you do community service work. Complete all community service work as scheduled which enables you to finish this requirement within the time limit allowed by the State Attorney.

General Instructions:

Wear appropriate clothing

Arrange for your own transportation to and from the worksite

Report to the worksite on time

Contact the worksite for directions

Please read the special instructions, if any, on the time sheet. They may override what has been listed here.

DATE	TIME IN	TIME OUT	TOTAL HOURS	SUPERVISOR'S NAME

Comments: _____

Place:

Phone:

Contact Person:

Hours:

Complete by: