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Probation Services (425) 452-6956 FAX: (425) 452-7883

EHD (425) 452-4461 FAX: (425) 452-4467

**Community Service Work Time Sheet**

Worker’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Probation Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Community Service Hours are credited at $15.00 for each hour worked.

**The above named individual has agreed to perform \_\_\_\_\_\_\_ hours of community service work. The worker must initial below, and the supervisor must sign this form for all hours worked.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **# of Hours Worked** | **Description of**  **Worked Performed** | **Initials** |
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**Total Hours: \_\_\_\_\_\_\_\_\_\_ Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**