



1309 114<sup>th</sup> Ave SE, Suite 200 • Post Office Box 90012 • Bellevue, WA • 98009-9012

Probation Services (425) 452-6956  
EHD (425) 452-4461

FAX: (425) 452-7883  
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

Total Hours: \_\_\_\_\_

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