COMMUNITY SERVICE WORK PROGRAM
Time Verification Form

Defendants performing community work at below average or poor levels should be referred back to the Community Supervision Officer and the CSR Coordinator immediately. Work performed at these levels will not be acceptable.

DEFENDANT'S NAME: _____ PHONE: _____

RECIPIENT AGENCY: _____ TYPE: _____

AGENCY CONTACT PERSON _____ PHONE: _____

WORK SITE SUPERVISOR: _____

OBLIGATIONS: _____ Monthly Requirement _____

PROBATION OFFICER'S NAME: _____

Date	Time In	Time Out	Hours Worked	Work Performance Notes	Verification (Site Supervisor)

NOTE: This is a CSCD issued form to document court ordered Community Service Restitution. Please ensure that verified time-in/time-out and hours worked are accurate. All credit is on an hour for hour basis.