



COMMUNITY WORK SERVICE HOURS TIME SHEET

Name: _____ Court /Case#: _____

Name of Agency: _____ Phone Number: _____

Date: _____ Hours: _____

Date: _____ Hours: _____

Date: _____ Hours: _____

Date: _____ Hours: _____

Date: _____ Hours: _____

Date: _____ Hours: _____

Date: _____ Hours: _____

Date: _____ Hours: _____

Date: _____ Hours: _____

Date: _____ Hours: _____

Date: _____ Hours: _____

I declare under penalty of perjury under the laws of California that this statement is true and correct.

 Signature of Site Supervisor

 Date

 Community Service Worker's Signature

 Date