

COMMUNITY SERVICE TIME SHEET

Community Service Provider: _____ **Telephone:** _____

Name of Person Performing Community Service: _____ DOB: _____

Total Hours Assigned: _____ To be completed by: _____

[illegible]

Community Service Rules	
While performing community service, I will:	
<ul style="list-style-type: none">▪ Contact the provider I choose to arrange community service as soon as possible;▪ Arrive on time;▪ Obey the site supervisor;▪ Not leave the worksite without permission;▪ Not carry any sort of weapon;▪ Not use abusive language;	<ul style="list-style-type: none">▪ Not deliberately destroy or deface any tools or property;▪ Never accept any tips or cash from anyone in association with my community service;▪ Wear appropriate clothing to work;▪ Apply for authorization for extension of time if needed;
I certify that the above record is a true representation of the number of hours worked for the above period by _____.	

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- Apply for authorization for extension of time if needed;

I certify that the above record is a true representation of the number of hours worked for the above period by _____.

Approved by: _____
Community Service Provider Representative

Signature of Person Performing Community Service

WARNING: Filing false information with the Court is a Class A misdemeanor punishable by up to one year in jail and a maximum fine up to \$4,000

MUST BE PERFORMED AT A NON-PROFIT ORGANIZATION, GOVERNMENT ENTITY, RELIGIOUS FACILITY, EDUCATIONAL INSTITUTION, NEIGHBORHOOD ASSOCIATION OR GROUP

MUST HAVE NAME AND PHONE NUMBER WHERE WORKED OR NO CREDIT WILL BE GIVEN