

DEPARTMENT OF COURT SERVICES

P.O. Box 856
Wheaton, MN 56296
Phone: 320-422-7760
Fax: 320-563-4311

COMMUNITY SERVICE WORK TIME SHEET

Name:	Court File No:
Phone:	Hours to be completed:

WORK SUPERVISOR

Work Site: _____

Date	hours worked	Date	hours worked	Job Performance
				<input type="checkbox"/> Excellent
				<input type="checkbox"/> Good
				<input type="checkbox"/> Fair
				<input type="checkbox"/> Poor
				Attitude
				<input type="checkbox"/> Excellent
				<input type="checkbox"/> Good
				<input type="checkbox"/> Fair
				<input type="checkbox"/> Poor
TOTAL		TOTAL		

Comments:

Work Supervisor Signature: _____

Work Supervisor Phone Number: _____

Date: _____

**PLEASE RETURN THIS FORM BY MAIL OR BY FAX
TO PROBATION OFFICE WHEN HOURS ARE COMPLETED**