

COMMUNITY SERVICE TIME RECORD
SITE APPROVAL

DATE HOURS

NAME OF WORKER: _____

NAME OF ORGANIZATION: _____

ADDRESS/LOCATION: _____

DATE & TIME _____

SUPERVISOR: _____

TELEPHONE: _____

COMMUNITY SERVICE WORK PERFORMED (DESCRIBE): _____

SUPERVISOR SIGNATURE:XX _____

TOTAL HOURS NEEDED _____

TOTAL HRS WORKED _____

Supervisor Comments: (optional)

___ On Time

___ Late

___ Completed Jobs

___ Left Early

___ Good Work Habits

___ Poor Work Habits

___ Respected

___ Disrespected Authority

___ Phoned If Cancelled

___ Did not show up or give prior notice