

ADAMS COUNTY DEPARTMENT OF PROBATION SERVICES

Community Service Time Sheet

Client's Name _____ Phone _____ Hours Assigned _____

**This section is to be completed by the Worksite Supervisor. Please log the date and number of hours worked as well as the tasks performed for each day of community service. If the worker does not appear or does unsatisfactory work, contact the Community Service Coordinator at the below address or by phone (717-337-9803, ext. 2036). Worksite Supervisors are to mail or fax this form to the Community Service Coordinator, at Adams County Department of Probation Services, 525 Boyds School Road, Gettysburg, PA 17325. Fax: (717-334-1613)

Date	# Hours	Tasks Performed	Work Site Supervisor
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Hours	_____		

Agency _____ Contact Person _____

Address/Phone _____

Supervisor's Signature _____ Date _____

Supervisor's Comments _____

WARNING: FALSE REPORTING OF COMMUNITY SERVICE HOURS IS A MISDEMEANOR AND IS PUNISHABLE UNDER COMMONWEALTH LAW.