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. Should the worker not appear or does unsatisfactory work, contact the Office Manager at the below address or by phone (717-337-9803 X 2021). Worksite Supervisors are to mail, fax or email this form to the Office Manager at Adams County Department of Probation Services, 525 Boyds School Rd, 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_____

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