COMMUNITY SERVICE TIME SHEET

WORK HOURS CANNOT BE COMBINED WITH HOURS PERFORMED FOR ANY OTHER COURT OR

AGENCY (JOBS, OWF). PLEASE FAX OR MAIL WEEKLY VERIFICATION OF HOURS WORKED (EVEN IF NONE). Please return this form to the court of conviction.

Fax #: Eastern (440) 576-3441 Western (440) 466-7171

Name:			Case #:	Required Hours:
DATE	TIME IN	TIME OUT	TOTAL TIME	WORK PERFORMED
Defendant	t Signature	(if available)	Date	
Worksite	name, addre	ss, city, state		
Supervisor Signature			Dat	e Phone
Make add	itional copie	es of this form i	f needed. You may	also use company letterhead if more convenient.
ASSIGNE	ED PROBAT	TION OFFICE	:	