ATTENDANCE RECORD/TIME SHEET

| NAME: | DATE: | | |
|-----------------------------|--------|--|--|
| HOURS TO COMPLETE | PHONE: | | |
| CHARGE(S): | | | |
| YOU ARE TO REPORT TO Agency | : | | |
| | · : | | |
| | * | | |
| | : | | |
| Hours need completed by: | : | | |
| | | | |

Agency, please attach a business card and/or letterhead with this completed time sheet

| DATE | TIME IN | TIME OUT | TOTAL HOURS | SUPERVISOR SIGNATURE |
|------|---------|----------|-------------|----------------------|
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| THIS IS TO CERTIFY THAT | HAS COMPLETED | _HOURS OF |
|--|------------------------------|-----------|
| COMMUNITY SERVICE WORK AT THE ABOVE NAMED NOT FOR PROFIT AGENCY. | BY SIGNING THIS DOCUMENT I A | AM ALSO |
| VERIFYING THAT THIS AGENCY IS A NOT FOR PROFIT AGENCY. | | |

SIGNATURE OF SUPERVISOR AT AGENCY

| DATE | |
|------|--|

IT IS THE RESPONSIBILITY OF THE PROBATIONER TO RETURN THIS SHEET TO SHELBY COUNTY PROBATION DEPT.

Shelby County Probation Department 20 W. Polk Street, Suite 100 (317)392-6490 Fax(317)392-6307

Cause #_