

COMMUNITY SERVICE WORK SCHEDULE
PO Box 9000, Drawer CC17
Bartow, FL 33831
Fax: 863-534-4443

NAME: _____

CASE NUMBER: _____

NON-PROFITWORKSITE _____ SUPERVISOR _____
 LOCATION _____
 PHONE _____

TOTAL HOURS _____ START DATE ____ / ____ / ____ COMPLETION DATE ____ / ____ / ____

DATE	TIME IN	TIME OUT	NO. HRS.	TOTAL HRS.	SUPERVISOR	DATE	TIME IN	TIME OUT	NO. HRS.	TOTAL HRS.	SUPERVISOR

PLEASE RETURN COMPLETED WORK SCHEDULE TO THE ABOVE ADDRESS OR FAX NUMBER

 Defendant's Signature

 Date

 Worksite Supervisor Signature