**Community Work Service (CWS) Time Sheet:**

**Adult Probation Office**

Enter office address.

**Phone:** Enter phone #. **Fax:** Enter fax #.

Offender Full Name: Offender #:

Case #:

CWS Partner Referred To: Phone #:

P.O. Name: Phone #:

Your time sheet should be turned in every (check one): [ ]  Two (2) Weeks [ ]  Month

Each offender is responsible for turning in a completed time sheet with signatures to their Probation / Parole Officer at the end of each two (2) week **or** monthly cycle (see above). **Credit for your CWS will only be given when you turn in a properly completed time sheet signed by your CWS supervisor.**

**WORK LOG FOR THE MONTH OF :**

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| --- | --- | --- | --- | --- |
| **Date:** | **Time In:** | **Time Out:** | **Total Hours:** | **Supervisor Initials:** |
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CWS Partner Supervisor Signature Date

(Additional blank copies of this time sheet available from the Probation Office above.)

Distribution:

Offender Copy: File Copy: