

**COMMUNITY SERVICE RESTITUTION TIME SHEET**

**AGENCY NAME** \_\_\_\_\_ **PHONE#** \_\_\_\_\_

**CSR WORKER NAME** \_\_\_\_\_ **dob** \_\_\_\_\_

**Community Service hours must be complete by (date)** \_\_\_\_\_ **Total Hours Assigned** \_\_\_\_\_

**Cause No.(s)** \_\_\_\_\_

<b>DATE</b>	<b>TIME IN</b>	<b>TIME OUT</b>	<b>TOTAL HOURS</b>	<b>SUBTOTAL HOURS</b>	<b>SUPERVISOR INITIALS</b>	<b>DEFENDANT'S INITIALS</b>

I CERTIFY THAT THE ABOVE RECORD IS A TRUE REPRESENTATION OF THE NUMBER OF HOURS WORKED FOR THE ABOVE PERIOD.

**APPROVED BY** \_\_\_\_\_  
**AGENCY REPRESENTATIVE SIGNATURE (REQUIRED)**

\_\_\_\_\_  
**CSR WORKER SIGNATURE**