



# Western Probation Services

**P.O. Box 856, Wheaton, MN 56296**

**Phone: 320-422-7760**

**Fax: 320-563-8977**

# COMMUNITY SERVICE WORK TIME SHEET

<b>Name:</b>	<b>Court File No:</b>
<b>Phone:</b>	<b>Hours to be completed:</b>

## **WORK SUPERVISOR**

Work Site:

Date	hours worked	Date	hours worked	Job Performance
				<input type="checkbox"/> Excellent
				<input type="checkbox"/> Good
				<input type="checkbox"/> Fair
				<input type="checkbox"/> Poor
				Attitude
				<input type="checkbox"/> Excellent
				<input type="checkbox"/> Good
				<input type="checkbox"/> Fair
				<input type="checkbox"/> Poor
<b>TOTAL</b>		<b>TOTAL</b>		

### Comments:

Work Supervisor Signature:

Work Supervisor Phone Number:

Date:

**PLEASE RETURN THIS FORM BY MAIL OR BY FAX**  
**TO PROBATION OFFICE WHEN HOURS ARE COMPLETED**