CHEROKEE PROBATION SERVICES
COMMUNITY SERVICE RECORD

Name:_____ Docket:_____ Hours: _____

Agency Name and Phone#: _____

Agency Address: _____

Date	Work Completed	IN	OUT	Total Hours	Supervisor Printed Name	Supervisor Initials

I certify that the above log accurately represents all hours worked by me.

_____

Signature of Probationer

HOURS CANNOT BE COMPLETED AT ANY CHURCH, SCHOOL, OR HOSPITAL

HOURS MUST BE COMPLETED IN PERSON AT A NON-PROFIT ORGANIZATION FROM THE APPROVED LIST

If you live out of county, you may choose a location not on the approved list. Location MUST be approved by your PO PRIOR to beginning hours