DOUGLAS COUNTY

DUI/Drug COURT

6754 Broad Street

Douglasville, GA 30134

Tel: (770) 920-7522 Fax: (770) 920-7168

*Community Service Work Timesheet*

# **Probationer’s Name**: ­ **Agency Name: ­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# **Hours ordered: Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Deadline: \_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervision Officer: Matthew Durden**

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| --- | --- | --- | --- | --- | --- |
| Date | Work Completed | Time In | Time Out | Hours  | Supervisor’s Signature |
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Time is credited hour for hour. There are no exceptions. Total Hours Complete \_\_\_\_\_\_\_\_\_

This assignment sheet serves as proof that your community service hours have been completed**.** This community service timesheet must be presented to your probation officer at each visit, to verify community service hours. Community service hours **MUST** be completed at a **non-profit 501c3 and cannot be done at hospitals or schools.** **YOU MUST COMPLETE YOUR COMMUNITY SERVICE AT ONE OF THE PRE-APPROVED LOCATIONS (provided on the list OF *APPROVED COMMUNITY SERVICE LOCATIONS*).**

**NO CELL PHONES allowed while completing community service hours.**