



## Community Service and Restitution Time Sheet

Total Hours Assigned \_\_\_\_\_

Youth's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ relationship \_\_\_\_\_

Phone Numbers (please specify) \_\_\_\_\_

Date	Hours (from, until)	Total Hours	Work Site and Work Performed	Supervisor's Signature