Community Service Work Hours Verification Sheet

Client's First Name: _____ **Last Name:** _____ **ICON #:** _____

Agency Name: _____

Agency Address: _____

Contact Person at the Agency (Print): _____

Phone # for Contact Person: _____

Description of Work being done: _____
_____
_____

	Date mm/dd/yyyy	Beginning time	Ending Time	Client's Signature	Agency Contact Signature	Hours worked
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
					Total Hours:	