SIXTH JUDICIAL DISTRICT
DEPARTMENT OF CORRECTIONAL SERVICES
951 29th Ave SW, Cedar Rapids, IA 52404 – Phone 398-3675 (ext. 1116)

COMMUNITY SERVICE PROGRAM CLIENT TIME SHEET

Client Name: _____ Time Sheet for Month of: _____

Agency Placement: _____ Start Date: _____ Probation Officer: _____

Please fill in all information asked for below each time you work at the agency. It is necessary for the **Agency Supervisor** to sign **EACH** entry as proof of service given. It is **your** responsibility to return this time sheet to the Community Service Program Office/Staff at the end of each month.

Date	Starting Time	Ending Time	Number of Hours Worked	Job Description	Supervisor's Signature