

MD/FL
07/16

U.S. PROBATION OFFICER

PHONE

COMMUNITY SERVICE PROGRAM
Monthly Schedule of Hours Worked

The purpose of this form is to record and verify the hours of service you performed during the month. It is your responsibility to record the date, hours worked, and have your work site supervisor or coordinator sign to verify your report. This form is to be returned to your Probation Officer with your written monthly report, or as directed.

YOUR NAME

MONTH/YEAR

AGENCY NAME AND ADDRESS

COORDINATOR NAME AND PHONE NUMBER

DATE	TIME IN	TIME OUT	TOTAL HRS	OFFENDER INITIAL	AGENCY REP INITIAL
TOTAL HOURS THIS MONTH					

JOB DUTIES: _____

COORDINATOR SIGNATURE

DATE

COMMENTS/EVALUATION: _____

