

# TIME SHEET FOR COMMUNITY SERVICE

DATE \_\_\_\_\_

NAME \_\_\_\_\_ CASE # \_\_\_\_\_ HRS SIGNED \_\_\_\_\_

REPORT TO \_\_\_\_\_

ADDRESS \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ PHONE # \_\_\_\_\_

DATE \_\_\_\_\_ HRS WORKED \_\_\_\_\_ WORK DONE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

DATE \_\_\_\_\_ HRS WORKED \_\_\_\_\_ WORK DONE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

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DATE \_\_\_\_\_ HRS WORKED \_\_\_\_\_ WORK DONE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

Return to: HAWTHORNE JUSTICE COURT  
P. O. Box 1660  
Hawthorne, Nevada 89415

775-945-3859