

\_\_\_\_\_  
U.S. PROBATION OFFICER

(401) 732-7300  
\_\_\_\_\_  
TELEPHONE

**COMMUNITY SERVICE PROGRAM  
Monthly Schedule of Hours Worked**

The purpose of this form is to record and verify the hours of community 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

\_\_\_\_\_  
HOURS ORDERED

\_\_\_\_\_  
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'S SIGNATURE

\_\_\_\_\_  
DATE

COMMENTS/EVALUATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_