COMMUNITY SERVICE TIME SHEET

NAME:_____

DATE: _____

CASE NUMBER: _____

AGENCY NAME: _____

TOTAL HOURS ASSIGNED: _____

LOCATION: _____

CONTACT NAME: _____

UPON COMPLETION/UNSATISFACTORY PERFORMANCE, PLEASE RETURN TO:

PHONE #: _____

The Center for Student Legal Services
50 South Court St. Suite D
Athens, OH 45701

Date	Hours Worked	Supervisor's Name and Signature