# COMMUNITY SERVICE TIME SHEET

NAME:_____

DATE: _____

CASE NUMBER: _____

AGENCY NAME: _____

TOTAL HOURS ASSIGNED: _____

LOCATION: _____

CONTACT NAME: _____

UPON COMPLETION, 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 |
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