

**ARMSTRONG COUNTY COMMUNITY SERVICE
TIME SHEET**

Logged: _____

Chase G. McClister
President Judge

Regina Himes
Chief Probation Officer

NAME:
OFFENSE:
CASE #:
PROBATION OFFICER:
Limitations: (physical, schedule, etc.)

NAME OF AGENCY:
ADDRESS:
TELEPHONE #:
SUPERVISOR:
DATE OF FIRST CONTACT: _____

The Armstrong County Court has ordered the above-named client to complete _____ hours of volunteer community service work at an **approved non-profit organization**. The following table is for recording the dates and hours completed which is the responsibility of the job site supervisor. After the individual has been released from the work site, successfully or unsuccessfully, please return this completed form to the following address:

Armstrong County Probation
Attn: Community Service Coordinator
Room 303—Courthouse
Kittanning, PA 16201

Comments or concerns should be directed to the community service coordinator listed above at (724) 548-3491.

DATE	HOURS	TOTAL	DATE	HOURS	TOTAL

_____ The above-named client has **successfully** completed the required number of community service hours assigned.

_____ The above-named client has **NOT** successfully completed the required number of community service hours assigned.

Supervisor's Signature

Client's Signature