

Community Service Timecard

HD _____ RWF _____

DeKalb County Community Corrections

1000 Potter Drive PO Box 6049 Phone: 260-333-0710

Auburn, Indiana 46706

Cause Number: _____

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- I am solely responsible for maintaining this record of my community service hours.
 - If I should lose this timecard, I will forfeit any hours I have accumulated and recorded on this card.
 - The non-profit agency supervisor or crew supervisor must sign this card each time. Community service hours may not be supervised by a relative or completed through an employer.
 - Any person signing this card falsely shall be immediately terminated from the program. Termination from the program could result in jail time.
 - This card shall be presented to the program weekly.
 - All community service hours must be documented on a Community Service Time Card.

Name

Date Assigned

of CS Hours Assigned

Date to be complete

RWF/HD - Community Service Timecards MUST be turned in weekly by Monday at 12pm, noon

Probation Referrals - Community Service Timecards MUST be turned in monthly by the last day of each month

****Must be filled in on date timecard is being turned in to DCCC****

DATE: _____

NAME: _____

Current Address: _____
Street City State Zip

Current Phone Number: _____

Non-Profit Agency supervisor or crew supervisor must sign each entry.

****MUST BE ACTUAL HOURS---NO CREDIT TIME****

1.) Date: _____ In Time: _____ AM/ PM Out Time: _____ AM/PM

Work Description: _____ Agency Name: _____

Agency Phone Number: _____ Agency Address: _____

Supervisor Signature: _____

2.) Date: _____ In Time: _____ AM/ PM Out Time: _____ AM/PM

Work Description: _____ Agency Name: _____

Agency Phone Number: _____ Agency Address: _____

Supervisor Signature: _____

3.) Date: _____ In Time: _____ AM/ PM Out Time: _____ AM/PM

Work Description: _____ Agency Name: _____

Agency Phone Number: _____ Agency Address: _____

Supervisor Signature: _____

4.) Date: _____ In Time: _____ AM/ PM Out Time: _____ AM/PM

Work Description: _____ Agency Name: _____

Agency Phone Number: _____ Agency Address: _____

Supervisor Signature: _____

5.) Date: _____ In Time: _____ AM/ PM Out Time: _____ AM/PM

Work Description: _____ Agency Name: _____

Agency Phone Number: _____ Agency Address: _____

Supervisor Signature: _____

Total Hours Completed on this card: _____

**For DCCC staff only: Entered by _____ date entered _____