COMMUNITY SERVICE HOURS TIME SHEET

Name of Youth: _____ Hours To Complete: _____ Date To Be Completed By: _____

Date	Site & Site Address	Time In	Time Out	Total	Supervisor Printed Name	Supervisor Signature	Supervisor Phone	Comments

*I was given a site supervisor evaluation survey by this youth. YES_____NO_____ Site Supervisor Signature_____

******* It is the responsibility of the youth to keep track of their hours and return this form by mail or in person to the Youth Service Bureau in order to receive credit for hours worked.**

Completion of hours verified by Youth Service Bureau staff_____ Date_____

Youth Service Bureau 244 North Lake Street, Forest Lake, MN 55025 Phone: 651-464-3685 Fax: 651-464-3687