

CSR ATTENDANCE LOG

DEFENDANT'S NAME _____ OFFICER'S NAME _____

The following record is a true representation of the CSR performed. I understand that falsifying or altering this document may constitute a criminal offense.

COMMUNITY SERVICE WORKERS ARE TO BE GIVEN CREDIT ONLY FOR TIME PRESENT

CREDIT WILL NOT BE GIVEN UNLESS SUPERVISOR'S NAME AND CONTACT PHONE NUMBER ARE INCLUDED

Date	Start Time	End Time	Total Hours	Agency/Location	Supervisor's Name & Contact Phone Number
Totals					

Defendant's Signature _____