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

_____ Number of Hours Required

Date	Start Time	End Time	Total Hours	Agency/Location	Supervisor
Totals					

CSR Supervisor's Signature_____

Defendant's Signature_____

Revised 6/01