OSCEOLA COUNTY PROBATION

Community Service Work Log

NAME: _____ **CASE NUMBER:** _____

COMMUNITY SERVICE AGENCY: _____

ADDRESS: _____ **Tax ID #:** _____

CONTACT PERSON: _____ **PHONE #:** _____

Email: _____ **Buy Out Hours:** _____

You must provide proof each month that you are completing your required community service hours. Please write legibly and ensure that you obtain the agency representative's name and signature. All hours will be verified. Falsifying your hours will result in a violation of your probation or diversion contract.

If you are conducting Community Service with more than one agency, for each agency you are completing hours with this form must be completed for each agency. (One log per agency).

DATE	TIME IN	TIME OUT	TOTAL HOURS	REPRESENTATIVE NAME & SIGNATURE

I acknowledge that all hours documented on this form are truthful and accurate.

Defendant's Signature: _____ **Date:** _____

Buy Out hours verified by CCO _____ **Date:** _____