

EATON COUNTY COMMUNITY SERVICE WORK PROGRAM
1045 Independence Blvd., Charlotte, MI (517-543-2999)

Monthly Report for (date) _____

Name of Community Service Worker _____

	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Totals
1 st Week								
2 nd Week								
3 rd Week								
4 th Week								
5 th Week								
Totals								

Type of work performed _____

Quality of work performed _____

Promptness and attitude _____

Other comments _____

I hereby certify that the above named worker contributed the total service hours listed above and recommend that credit be given as authorized by the Court.

 Supervisor's Signature

 Date

 Supervisor's Printed Name

 Agency Phone Number

 Agency Name

 Agency Address

Please complete by the 30th of each month, Thank You.

If you have any questions, please feel free to contact our office at (517) 543-2999.