CHAMPAIGN COUNTY PROBATION AND COURT SERVICES PUBLIC SERVICE WORK REFERRAL TIME SHEET

Public Service Work Must Be Completed Through a Licensed 501(c)(3) Non-Profit Organization.

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501(C)(3) NON-PROFIT AGENCY NAME

AGENCY ADDRESS

TOTAL HOURS ORDERED

CLIENT'S NAME / CLIENT'S PHONE NUMBER

COMPLETION DATE

CLIENT'S CASE NUMBER

PLEASE COMPLETE THE FOLLOWING INFORMATION FOR EACH DAY WORKED:

	HOURS		SUPERVISOR'S	CLIENT'S
DATE	WORKED	DESCRIPTION OF JOB	SIGNATURE	INITIALS

Please note any unexcused absences or disciplinary problems:

To be completed by Supervisor upon successful completion of Public Service Work:

DATE

TOTAL HOURS COMPLETED

SUPERVISOR'S PRINTED NAME

SUPERVISOR'S TELEPHONE NUMBER(S)

SUPERVISOR'S SIGNATURE