

**U.S. PROBATION OFFICE
WESTERN DISTRICT OF TEXAS
OFFICE: _____**

RECORD OF MONTHLY COMMUNITY SERVICE HOURS

NAME: _____ U.S. PROBATION OFFICER: _____

TOTAL MONTHLY HOURS REQUIRED: _____ AGENCY: _____

LOCATION: _____

TOTAL HOURS ORDERED: _____ SUPERVISOR: _____

DATE	HOURS COMPLETED	DATE	HOURS COMPLETED

TOTAL HOURS COMPLETED: _____

BALANCE: _____

AGENCY SUPERVISOR SIGNATURE: _____ DATE: _____

PROBATIONER/SUPERVISED RELEASEE: _____ DATE: _____

U.S. PROBATION OFFICER: _____ DATE: _____

Agency Representative: Please fax or mail time sheet to the U.S. Probation Office by the ____ of each month at:

ATTN: _____, United States Probation Officer

Address: _____

FAX No.: _____