

COMMUNITY SERVICE TIME SHEET

Rosebud Municipal Court
 Address: 202 S. College/ P.O. Box 657
 Rosebud, Texas 76570
 Telephone: 254-583-7714
 Fax: 254-583-2157

COMMUNITY SERVICE TIME SHEET

Community Service Provider: _____ Telephone: _____ Date Assigned: _____
 Name of Defendant Performing Community Service: _____ DOB: _____
 Total Hours Assigned: _____ To be completed by: _____
 Complete _____ hours by _____; and then _____ hours by _____
 Cause number(s): _____

Date	Time In	Time Out	Total Hours	Subtotal Hours	Supervisor Initials	Defendant's Initials

Community Service Rules	
While performing community service, I will: Contact the provider I choose to arrange community service as soon as possible; <ul style="list-style-type: none"> ▪ Arrive on time; ▪ Obey the site supervisor; ▪ Not leave the worksite without permission; ▪ Not carry any sort of weapon; 	<ul style="list-style-type: none"> ▪ Not use abusive language; ▪ Not deliberately destroy or deface any tools or property; ▪ Never accept any tips or cash from anyone in association with my community service; ▪ Wear appropriate clothing to work; ▪ Apply for authorization for extension of time if needed; ▪ Contact the Municipal Court with any questions.

Finally, I understand that failure to follow these rules will result in a warrant being issued for my arrest and may result in my incarceration.

I certify that the above record is a true representation of the number of hours worked for the above period by _____.

Approved by:

 Community Service Provider Representative

 Signature of Defendant
 Performing Community Service