



UNPAID COMMUNITY SERVICE MONTHLY REPORT

The Department of Human Services in Partnership with the Departments of Economic Development, Education, Human Rights, Management, and Workforce Development.

PARTICIPANT: _____

COMMUNITY AGENCY: _____

Is participant carrying out the terms of the agreement with regards to agreed upon days and hour? Yes No Comments: _____

Is work performance satisfactory? Yes No Comments: _____

FOR THE MONTH OF _____
(Month - Year)

Please record total number of hours attended each day below.

SUN	MON	TUE	WED	THR	FRI	SAT	Week Ending Date
							____/____/____
							____/____/____
							____/____/____
							____/____/____
							____/____/____

Community Agency's Representative:

Signature Date

White - PROMISE JOBS Yellow - Participant Pink - Sponsor