

# LOWNDES COUNTY PROBATION COMMUNITY SERVICE RECORD



NAME: \_\_\_\_\_ HOURS \_\_\_\_\_

AGENCY NAME/PHONE NUMBER: \_\_\_\_\_

DATE	IN	OUT	HOURS	SUPV. PRINTED NAME	SUPV. INITIAL

**I CERTIFY THAT THE ABOVE LOG ACCURATELY REPRESENT ALL HOURS WORKED BY ME.**

\_\_\_\_\_  
Signature of Person Under Supervision

Verified by: \_\_\_\_\_