

COMMUNITY SERVICE WORK VERIFICATION FORM
Non-Profit Organizations Only

TO BE COMPLETED BY SUPERVISOR

CS Worker's Name & Case # _____

Name of Non-Profit Organization: _____

Address of Non-Profit Organization: _____

Phone of Organization/Supervisor: _____

Printed name of Supervisor: _____

Signature of Supervisor: _____

<u>Circle One</u>	<u>Exc</u>	<u>Above</u> <u>Avg</u>	<u>Avg</u>	<u>Below</u> <u>Avg</u>	<u>Poor</u>
Follows instructions	5	4	3	2	1
Does he/she produce quality work?	5	4	3	2	1
Does his/her share of the work?	5	4	3	2	1
Is he/she punctual?	5	4	3	2	1
Works well with others?	5	4	3	2	1
Requires minimal supervision or direction?	5	4	3	2	1

DATE OF EVALUATION: _____

Date	Task	Time In	Time Out	Total Hours

Hours Required to Work: _____ Date to be Completed: _____