

**GEORGIA PROBATION MANAGEMENT, INC.
COMMUNITY SERVICE RECORD**

NAME: _____ OFFENDER NUMBER # _____ HOURS _____

AGENCY NAME/PHONE: _____

| DATE | WORK COMPLETED | IN | OUT | HRS | SUPV. PRINTED NAME | SUPV. INITIAL |
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I CERTIFY THAT THE ABOVE LOG ACCURATELY REPRESENTS ALL HOURS WORKED BY ME.

Signature of Person under Supervision