

TOWN OF PALMER LAKE
COMMUNITY SERVICE TIME SHEET AND EVALUATION

Name: _____ Case# _____ Hours to Complete _____

Agency where UPS to be performed: _____

Supervisor _____ Contact # _____

Overall Quality of Work Performed (please circle)

PUNCTUALITY	ATTITUDE	QUALITY OF WORK
EXCELLENT	EXCELLENT	EXCELLENT
GOOD	GOOD	GOOD
FAIR	FAIR	FAIR
POOR	POOR	POOR

Description of Activities performed _____

Comments _____

DATE	TIME IN	LUNCH BREAK	TIME OUT	HOURS	SIGNATURE

TOTAL HOURS _____

SIGNATURE: _____ COMPLETION DATE: _____

PARENT/GUARDIAN SIGNATURE: _____

SUPERVISOR SIGNATURE: _____ DATE: _____