# SHOPLIFTING & Theft Offender Program

# -Community Service Time Sheet-

| Name: |  | STOP\_\_\_\_\_\_-2020 |  |
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| Worksite | Contact Number | Supervisor’s Signature/Date | Time In | Time Out | Total  Time | Initials |
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**PLEASE FILL IN EACH SECTION AND DATE AFTER SIGNATURE**

**TOTAL TIME**