Community Service Log Sheet

Court ordering service: _____ Date of sentencing: _____

Hours Required: _____ To Be Completed By: _____

Date	Time In	Lunch In Lunch Out	Time Out	Hours Worked	Supervisor Name Printed & Signature
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I, Carrie Gaston, certify that _____ completed _____ hours of community service with the Santa Fe Animal Shelter on _____. For any questions or to discuss the completion of these hours, please contact me at (505) 983-4309 ext. 1128.

_____ _____

Signature Date

100 Caja Del Rio Road, Santa Fe, NM 87507 (505) 983-4309 x.1128 www.sfhumanesociety.org
Email: volunteer@sfhumanesociety.org