# DAKOTA COUNTY COMMUNITY CORRECTIONS
## Community Work Service Timesheet

**Client's Name:** **Number of hours:**

**Work Site:** **Hours due by:**

| DATE | FROM | TO | DAILY HOURS | TOTAL HOURS |
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| | | | **Total Hours:** | |

**Worksite supervisor's signature**: _____

**Telephone number:** _____

## RETURN TO:

Dakota County Community Corrections
Attn: Community Work Service
1 Mendota Road
West St Paul MN 55118

**OR FAX TO: 651-554-6070**