



Useful Public Service Time Monitoring Sheet

Site Name: _____

Address: _____ City: _____ Zip _____

Contact Person: _____ Telephone: _____

Hours assigned: _____ Proposed work schedule: _____

DATE	HOURS WORKED	SUPERVISOR'S SIGNATURE

SERVICE SITE EVALUATION

<i>Please evaluate the participant on the last day on the following:</i>	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR
ATTENDANCE					
PUNCTUALITY					
QUALITY OF WORK					
OVERALL ATTITUDE					

The young adult performed the following duties: _____

Comments: (you may use the back of this page) _____

Site Supervisor's Signature

Date