

OFFICE OF THE SALINE COUNTY ATTORNEY
300 WEST ASH, ROOM 302
SALINA, KS 67401
(785) 309-5815
FAX (785) 309-5816

COMMUNITY SERVICE VERIFICATION FORM

** Please return to the County Attorney's Office

AGENCY: _____

AGENCY ADDRESS: _____

SUPERVISOR: _____

CLIENT'S NAME: _____

CLIENT'S ADDRESS: _____

CLIENT'S PHONE: _____ AGE: _____

**Below the line to be filled out by Agency

TOTAL HOURS WORKED: _____ DATE WORK COMPLETED _____

CLIENT'S WORK SKILL/EXPERIENCE: _____

CHECK APPROPRIATE LEVEL OF PERFORMANCE:

Work Performance: Excellent ___ Good ___ Fair ___ Poor ___

Attitude: Excellent ___ Good ___ Fair ___ Poor ___

Dependability: Excellent ___ Good ___ Fair ___ Poor ___

*****If the client has two or more no-shows, please contact me at the above address*****

Thank You!

Agency Supervisor

Comments: