

## SRCC Community Service/Work Experience Assignment and Site Report

(to be completed and returned to SRS no less frequently than every two weeks)

Participant Name: _____	ID#: _____	Assignment Month: _____
Address: _____	Phone: _____	SRS Case Manager: _____

Start Date: \_\_\_\_\_ Time: \_\_\_\_\_ Report To: \_\_\_\_\_

Number of Hours to be worked per month: \_\_\_\_\_ Address: \_\_\_\_\_

Community Service/Work Site Supervisor: \_\_\_\_\_

Supervisor's Phone #: \_\_\_\_\_

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ENTER NUMBER OF ACTUAL HOURS WORKED EACH DAY DURING THE MONTH SRV/ Top Line WEP/ Bottom Line

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

√ Performance Evaluation (please rate each) Total SRV Hrs \_\_\_\_\_ Total WEP Hrs. \_\_\_\_\_

Outstanding    Good    Fair
Outstanding    Good    Fair

Punctuality: \_\_\_\_\_ Accepts Supervision: \_\_\_\_\_

Attendance: \_\_\_\_\_ Ability to Work with Others: \_\_\_\_\_

Dependability: \_\_\_\_\_ Appearance: \_\_\_\_\_

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Comments:

  
  

Community Service/Work Site Supervisor Signature: \_\_\_\_\_

Participant Signature: \_\_\_\_\_