

COMMUNITY SERVICE

DATE: _____

DUTY FORM/EVALUATION

THIS FORM IS TO BE TAKEN TO EACH ASSIGNMENT AND SIGNED/FILLED OUT AT EACH LOCATION AND THEN IT MUST BE RETURNED.

NAME: _____

PHONE: _____

DOCKET NO. _____

DATE TO BE COMPLETED BY: _____

TOTAL HOURS ASSIGNED: _____

WORK LOCATIONS: _____, _____, _____

SIGNATURE OF SUPERVISOR: _____, _____, _____

ASSIGNMENT

DATE SUPERVISOR	TIMES SCHUDULED	TIMES WORKED	TOTAL
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ARRIVED ON TIME FOR ASSIGNMENT _____ YES _____ NO

WAS COURTEOUS AND COOPERATIVE ON JOB _____ YES _____ NO

ABILITY TO WORK WITH OTHERS _____ YES _____ NO

WORK PERFORMANCE SATISFACTORY _____ YES _____ NO

ABILITY OF DEFENDANT TO FOLLOW INSTRUCTIONS _____ YES _____ NO

ANY QUESTIONS PLEASE CONTACT: Justice of the Peace, Precinct 2

Kendall County, Texas

830-249-8404

jp2@co.kendall.tx.us