OFFICE OF THE SALINE COUNTY ATTORNEY 300 WEST ASH, ROOM 110 SALINA, KS 67401

Phone: (785) 309-5815 Fax: (785) 309-5816

COMMUNITY SERVICE VERIFICATION FORM

*Please return to the County Attorney's Office

AGENCY:					_
AGENCY ADDRES	S:				_
SUPERVISOR:					_
CLIENT'S NAME:					
CLIENT'S ADDRES	SS:				
		AGE:			
	Below ti	he line to be f	illed out by	Agency	
TOTAL HOURS WO	ORKED:	_ DATE WO	RK COMPI	LETED:	_
CLIENT'S WORK S	KILL/EXPER	IENCE:			
CHECK APPROPRI	ATE LEVEL (OF PERFORM	MANCE:		
Work Performance:	Excellent	Good	Fair	Poor	
Attitude:	Excellent	Good	Fair	Poor	
Dependability:	Excellent	Good	Fair	Poor	
If the client has tw	o or more no-s	shows, please	contact ou	r office at the above addı	ress
Thank You!					
Agency Supervisor		_	Phone Number		
Comments:					