**FLORIDA DEPARTMENT OF CORRECTIONS**

# PUBLIC SERVICE HOURS

# NOTICE OF ASSIGNMENT (To be completed by the Correctional Probation Officer)

|  |  |  |  |
| --- | --- | --- | --- |
| TO: |       |  |       |
|  | Public or Non-Profit Agency |  | Agency Contact Person/Supervisor and Telephone Number |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ADDRESS: |       |  |       |  |       |
|  | Street |  | City |  | Zip Code |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **OFFENDER NAME:** |       |  **DC#:** |       | , is required to work |

a total of       hours, at the rate of       [ ]  Hours/Month [ ]  By End of Period of Probation. (PFX:       COMP:      )

|  |  |
| --- | --- |
| The offender’s offense is: |       |

**NOTE TO AGENCY CONTACT PERSON AND OFFENDERS:** Per section 948.036, F.S. and section 440.09, F.S., offenders performing community service hours as a condition of state probation are covered under worker’s compensation due to personal injury, with the exception of offenders on supervision for a Driving Under the Influence (DUI) offense as provided in section 316.193, F.S.. In addition, offenders are not covered under worker’s compensation if they sustain an injury while performing community service hours and the injury was caused primarily due to the use of alcohol or drugs.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| The type of supervision is: |       |  From: |       |  To: |       |

If any problems arise or if the offender fails to report, please contact the:

|  |  |
| --- | --- |
| FLORIDA DEPARTMENT OF CORRECTIONS: |       |
|  | Correctional Probation Officer |
| ADDRESS: |       |  |       |  |       |
|  | Street |  | City |  | Zip Code |
| **TELEPHONE NUMBER:** |       |  **FAX NUMBER:** |       |
|  |  |  |  |
| **EMAIL ADDRESS:** |       |

Correctional Probation Officer’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PUBLIC SERVICE HOURS -** (To be completed by the Agency Contact Person/Supervisor and returned to the Correctional Probation Officer listed above)

## COMPLETED WORK HOURS PERIODIC REPORT

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| **DATE** | **TIME IN** | **TIME OUT** | **HOURS** | **SUPVR.****INITIALS** | **DATE** | **TIME IN** | **TIME OUT** | **HOURS** | **SUPVR.****INITIALS** |
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(LOG CONTINUED ON BACK)

During the work period, this form was retained by: [ ]  The Agency [ ]  The Offender.

This worker [ ]  has completed, [ ]  has partially completed, [ ]  has not completed the hours s/he agreed to work, or [ ]  did not report. Work completed was [ ]  satisfactory [ ]  unsatisfactory.

Agency Contact Person/Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Contact Person/Supervisor E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## (CONTINUED FROM FRONT PAGE) COMPLETED WORK HOURS PERIODIC REPORT

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