WILLIAMSON COUNTY GENERAL SESSIONS COURT
WILLIAMSON COUNTY PROBATION
135 4th AVENUE SOUTH, ROOM 141 ▪ FRANKLIN, TN 37064
OFFICE: 615-790-5410 ▪ FAX: 615-790-5888

PUBLIC SERVICE TIME SHEET

_____
PRINT NAME

TOTAL HOURS DUE: _____ ▪ ALL HOURS MUST BE COMPLETED BY: _____

DATE WORKED	NON-PROFIT - WORK LOCATION	SUPERVISOR'S SIGNATURE (READ BELOW AGREEMENT)	PHONE #	HRS WORKED

OFFENDER HEREBY AGREES TO THE FOLLOWING: I hereby agree to release from liability Williamson County General Court and the agency for which I am performing Public Service Work as well all officials related to both agencies. I understand that if I am assigned a task, which I believe would endanger my life or safety; I may refuse to do the task and within three (3) days, file a report with the Public Service Officer at 615-790-5425. By my signature below, I certify that the above hours worked have been worked at a non-profit organization and are true and accurate. **I UNDERSTAND THAT ALTERING OR FALSIFYING MY TIME SHEET WILL RESULT IN A VIOLATION OF MY PROBATION AND POSSIBLY ADDITIONAL CRIMINAL CHARGES.**

WORKSITE HEREBY AGREES TO THE FOLLOWING: I hereby agree to provide necessary supervision of the offender and to give 24 hours notice to work. I agree to accept this offender to do Public Service Work at the above worksite. I hereby agree to release from liability Williamson County General Sessions Court and all officials as a result of the work performed by the offender. Knowing that interference with a Court Document may result in a criminal charge, I certify the above hours worked are a true representation of the work performed by the offender. **I ALSO VERIFY THAT THE ABOVE MENTIONED WORKSITE IS A STATE RECOGNIZED, NON-PROFIT ORGANIZATION, 501(c)(3) ,AND THAT I AM NOT A FRIEND OR A RELATIVE.**

OFFENDER SIGNATURE: _____DATE: _____

6/7/2019