



Community Work Assessment Time Log

Client Name _____

SSN: XXX-XXX-_____

Address _____

Pay Period From: _____

To: _____

City, State, Zip _____

Company Name _____

Date								
Total Hours								

Total Hours.

Date								
Total Hours								

Total Hours.

I certify that the hours shown are a true and accurate representation of time worked by me.

Client Signature

Date

I certify that the hours shown are a true and accurate representation of time worked by the trainee as authorized.

Worksite Supervisor/Trainer Signature

Date

Nebraska VR Signature

Date