STATE OF ALASKA **DEPARTMENT OF CORRECTIONS**

COMMUNITY WORK SERVICE REFERRAL FORM

Date:_____ **Location:**_____

Offender Name:_____ **Case #:**_____

DOB:_____ **CWS Hr. Requirement:**_____ **Probation Termination Date:**_____

Charges:_____

Referring Community Counselor/Probation Officer:_____

Agency Referral(s)

Name:_____ **Name:**_____

Name:_____ **Name:**_____

Name:_____ **Name:**_____

Name:_____ **Name:**_____

WORK LOG

Month	Hours	Balance	Month	Hours	Balance

_____ _____

Work Site Supervisor Date

Department of Corrections, Form 903.05A
Rev. 8/02