COMMUNITY PLACEMENT
MONTHLY TIME SHEET

Completion of this time sheet is confirmation that the volunteer named below is meeting the requirements of the Ontario Works program. It is imperative that we receive this completed time sheet at the end of the month. Thank you in advance for your cooperation in this regard.

Please return at the end of each month to:

Mail - Employment Services, Ontario Works Department
Community & Social Services Division
Suite 200, 458 Laurier Blvd.
Brockville ON, K6V 7K5

or Fax
(613) 342-8908

MONTH: _____ **YEAR:** _____

NAME OF PARTICIPANT: _____

ORGANIZATION NAME: _____

ORGANIZATION PHONE NUMBER: _____

DAILY LOG OF HOURS			
DATE	***HOURS***	***DATE***	***HOURS***

TOTAL HOURS FOR THE MONTH: _____

I certify that the hours provided above are true and accurate to the best of my knowledge.

SIGNATURE: _____ **DATE:** _____