COMMUNITY SUPERVISION AGENCY PROGRAM HOURS TRACKING WORKSHEET

Name:	
Judicial District:	
Required Program Hours:	

Program/Service Delivered (role-plays, EPICS, MRT, FFT, etc.)	Facilitator/Officer/Agency Delivering Hours	Hours/Minutes of Program Contact (15 minute increments)	Brief Description of Interaction/Service

State of Kansas
Kansas Department of Corrections
Form KDOC- 0180
Rev. January, 2017