

**Isleta Tribal Court
Community Service Program**

REQUEST FOR COMMUNITY SERVICE WORKERS

1. Name of Program: _____
2. Name of Person Making Request: _____
3. Location/Address of Program: _____
4. Contact Person: _____ Phone Number: _____
5. Alternate phone number: _____ Hours of Operation: _____
6. Date(s) of community service workers needed: _____
7. Type of work to be performed: _____
8. Where will the work be performed? _____
9. List any restrictions that would prevent a worker from performing work for your Program:

10. Other important information: _____

11. Does your program have other **special events** scheduled **during the year** requiring several workers?
 YES NO *If YES, please answer the questions below:*
 - a. If YES, what is the name of the event? _____
 - b. Date(s) of the event(s) _____
 - c. How many workers do you need? _____ Time period: _____ a.m. to _____ p.m.

BELOW THIS LINE FOR COURT USE ONLY

Date Request Received: _____ Request made timely? Yes No

Number of workers assigned: _____ Number of workers showed up: _____

Name of Site Supervisor (if other than listed above): _____

Report received from Supervisor? Yes No (If NO, Clerk must contact and request).

Other follow-up needed: _____

Completed by (Clerk): _____ Date: _____