# COMMUNITY SUPERVISION AGENCY PROGRAM HOURS TRACKING WORKSHEET

**Name:** _____

**Judicial District:** _____

**Required Program Hours:** _____

| **Date** | **Program / Service Delivered** (role-plays, EPICS, MRT, FFT, etc.) | **Facilitator / Officer / Agency Delivering Hours** | **Program Hours** (15 min. increments) | **Brief Description of Interaction / Service** |
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State of Kansas
Kansas Department of Corrections
Form KDOC- 0180
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