

**PRO BONO RECOGNITION PROGRAM**

**Work Verification Form (Time Sheet)**

**Submit to Tiffany R. Paige, Assistant Dean for Student Services**

Please have your supervisor fill out the following form regarding the nature of your volunteer work. Make a copy of this form if you need additional space.

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| **Name:** | | | | **Date:** | |
| **Address:** | | | | | |
| **City:** | **State:** | | **Zip Code:** | | **Phone #:** |
| **Email:** | | **Have you turned in Pro Bono Hours for a previous academic year? If Yes, what year: \_\_\_\_\_\_\_\_\_\_** | | | **Graduation Year:** |

**Volunteer Activities (60 Total Hours Required)**

**Calculate your time in .25ths (quarters)**. Hours may be combined to reach a total of 60. Please indicate specific volunteer events, duties, or responsibilities, corresponding dates and recorded time.

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| **Organization:** | | | | |
| **Organization Address:** | | | | |
| **Supervisor’s Name: Extension Number:** | | | | |
| **Organization’s**  **Phone Number:** | | **Email**  **Address:** | **Total Hours**  **Worked:** | |
| **Date/s Worked** | **Description of Activity** | | | **Recorded Time** |
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| **Supervisor’s Signature: Date:** | | | | |
| **Organization:** | | | | |
| **Organization Address:** | | | | |
| **Supervisor’s Name: Extension Number:** | | | | |
| **Organization’s**  **Phone Number:** | | **Email**  **Address:** | **Total Hours**  **Worked:** | |
| **Date/s Worked** | **Description of Activity** | | | **Recorded Time** |
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| **Supervisor’s Signature: Date:** | | | | |

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| **Organization:** | | | | |
| **Organization Address:** | | | | |
| **Supervisor’s Name: Extension Number:** | | | | |
| **Organization’s**  **Phone Number:** | | **Email**  **Address:** | **Total Hours**  **Worked:** | |
| **Date/s Worked** | **Description of Activity** | | | **Recorded Time** |
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| **Supervisor’s Signature: Date:** | | | | |

I certify that on the above dates, I worked a total of \_\_\_\_\_\_ hours of Pro Bono work (not for credit or compensation).

MC Law Student Signature Date

***Please return completed forms to:***

*Tiffany R. Paige, Assistant Dean for Student Services*

*Mississippi College School of Law*

*151 East Griffith Street Rm 308*

*Jackson, MS 39201, 601-925-7151*