

**PRO BONO RECOGNITION PROGRAM**

**2016-17 Work Verification Form (Time Sheet)**

**Hours Worked after April 15, 2016 (class of 2017 and 2018 only)**

**Submit to Sherry Johnson, Assistant Dean of Student Services and Career 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.

|  |  |
| --- | --- |
| **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.

|  |
| --- |
| **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** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **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** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **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** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **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:***

*Sherry Johnson*

*Assistant Dean of Student Services and Career Services*

*Mississippi College School of Law*

*151 East Griffith Street*

*Jackson, MS 39201, 601-925-7109*