

# Participant Work Hours Verification Form

## Public Lands Corps

Each section and data field of this form must be completed and certified by the responsible party.  
Hover mouse over a field for clarifying information.

### Program Participant

**Participant Name:**

**Primary Organization:**

**Phone Number:**

**Email:**

**Address:**

I certify that the information provided above is accurate and true:  Yes  No

**Participant Signature:**

### Project Supervisor of Partner Organization

**Task Agreement Number:**

**Partner Organization  
Name and Address:**

**Project Supervisor  
Name and Title**

**Supervisor Phone:**

**Supervisor Email:**

**Start Date of Project:**

**End Date of Project:**

**PLC Project—Did this project take place on or in support of Public or Tribal Lands?**  Yes  No

**Location of Project:**

**PLC Project Type:**  Conservation  Construction  Restoration  Rehabilitation

**Project Duties:**

**Hours Completed on or in Support of  
Public or Tribal Lands:**

**Total Hours of Project:**

**Was the Member's performance satisfactory?**  Yes  No

**Provide details and justification of performance:**

**I certify the information provided is accurate and true:**  Yes  No

**Project Supervisor's Signature:**