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: