

**SANTA CLARA UNIVERSITY SCHOOL OF LAW  
 CENTER FOR SOCIAL JUSTICE AND PUBLIC SERVICE  
 PRO BONO RECOGNITION PROGRAM**

**SUPERVISOR'S WORK VERIFICATION FORM**

Complete one form for each organization at which you have performed volunteer service that you wish to count towards your pro bono recognition. See the Pro Bono Recognition Program website, at <https://law.scu.edu/socialjustice/pro-bono-recognition-program/>, for complete Pro Bono Recognition requirements.

<b>Student's Name:</b>		<b>Student's E-Mail:</b>	
<b>Organization name and address:</b>			
<b>Supervisor's name:</b>			
<b>Supervisor's Phone:</b>		<b>Supervisor's e-mail:</b>	
<b>Supervisor's Phone:</b>		<b>Total Hours Worked:</b>	
<b>Date Worked:</b>	<b>Description of Activities:</b>		<b>Recorded Time:</b>
<b>Student's Certification:</b>			
I certify that during the period from May 1 of the preceding year to April 15 of the current year, I provided a total of _____ hours of pro bono work (not for credit or compensation) at the organization named above.			
Student's signature: _____ Date: _____			
<b>Supervisor's Confirmation:</b>			
I certify that the foregoing statement of volunteer hours provided is accurate.			
Supervisor's signature: _____ Date: _____			