

|                     |             |
|---------------------|-------------|
| FOR OFFICE USE ONLY |             |
| Received:           | _____       |
| Approved:           | _____ L / C |
| Entered:            | _____       |
| Scanned:            | _____       |

**PRO BONO TIMESHEET**

*Please print legibly or type all responses.*

*Submit completed form to the Office for Career Development via STL Careers (Simplicity).*

**To Be Completed by the Student:**

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student Identification Number

\_\_\_\_\_  
Expected Month/Year of Graduation

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Name of Organization

| DATE<br>(Daily/Weekly) | DESCRIPTION OF WORK PERFORMED | NUMBER OF HOURS<br>(Daily/Weekly) |
|------------------------|-------------------------------|-----------------------------------|
|                        |                               |                                   |
|                        |                               |                                   |
|                        |                               |                                   |
|                        |                               |                                   |
|                        |                               |                                   |
| <b>TOTAL HOURS:</b>    |                               |                                   |

*I hereby certify that the information listed above is true and correct to the best of my knowledge, that I received no compensation or academic credit of any kind for the hours reflected on this timesheet, that I was supervised at all times (by a licensed attorney, if legal pro bono), and that I completed all assigned work. **I certify that I have read and understood the requirements as set in the Pro Bono Handbook. I certify that this Timesheet complies with said requirements.***

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

**To Be Completed by the Supervisor / Supervising Attorney:**

*I hereby certify that the information listed above is true and correct to the best of my knowledge, that the student received no compensation or academic credit of any kind for the hours reflected on this timesheet, that he or she was supervised at all times (by a licensed attorney, if legal pro bono), and that he or she completed all assigned work.*

\_\_\_\_\_  
Name of Supervisor / Supervising Attorney

\_\_\_\_\_  
State & Bar License (If Legal Pro Bono)

\_\_\_\_\_  
Signature of Supervisor / Supervising Attorney

\_\_\_\_\_  
Date

|                     |       |
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| Approved: _____     | L / C |
| Entered: _____      |       |
| Scanned: _____      |       |

**PRO BONO PROGRAM STUDENT EVALUATION FORM**

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Student Name \_\_\_\_\_ Today's Date \_\_\_\_\_

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Name of Placement Site \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

Was the Supervision/Training sufficient to enable you to perform your work satisfactorily?

Yes           No

Was the quality of work and experience gained satisfactory?

Yes           No

Would you recommend this placement to your fellow classmates?

Yes           No

What is your overall rating of your pro bono assignment with this employer/project?

Outstanding           Average           Poor

Please share any compliments or concerns you experienced at your placement:

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