



FOR OFFICE USE ONLY
Legal: _____ Community: _____
Approved By: _____
Date: _____

PRO BONO TIMESHEET

Please print legibly or type all responses.

Submit completed form to the Office for Career Development via STL Careers/Symplicity.

To Be Completed by the Student:

Student Name

Student Identification Number Expected Month/Year of Graduation

Phone Number Email Address

Name of Organization

DATE (Daily/Weekly)	DESCRIPTION OF WORK PERFORMED	NUMBER OF HOURS (Daily/Weekly)
TOTAL HOURS:		

*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 Guide. 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