

Public Lands Corps Participant Work Hours Verification



Participant Legal Name: _____

Permanent Address: _____

Phone Number: _____

Email Address: _____

Employer: _____

Start Date of Project	End Date of Project	Land Management Agency (eg. NPS)	Position Title	Site Name (eg. Zion NP)	Duties	PLC Hours	Total Hours

This portion to be filled out by the site supervisor of the above site, as a certification of the above hours.

Supervisor's Name: _____

Supervisor's Contact Info: _____

Supervisor's Signature: _____

I (the participant) certify that these hours accurately represent the work I conducted on the listed project(s).

Total PLC Hours: _____

Participant Signature: _____

Date: _____

Total Hours: _____

Optional Page: If you worked on more than one site, print off this page as many times as you need to accurately represent your PLC eligible work. Otherwise, you only need to fill out page 1.

Start Date of Project	End Date of Project	Land Management Agency (eg. NPS)	Position Title	Site Name (eg. Zion NP)	Duties	PLC Hours	Total Hours

This portion to be filled out by the site supervisor of the above site, as a certification of the above hours.

Supervisor's Name: _____

Supervisor's Contact Info: _____

Supervisor's Signature: _____

Start Date of Project	End Date of Project	Land Management Agency (eg. NPS)	Position Title	Site Name (eg. Zion NP)	Duties	PLC Hours	Total Hours

This portion to be filled out by the site supervisor of the above site, as a certification of the above hours.

Supervisor's Name: _____

Supervisor's Contact Info: _____

Supervisor's Signature: _____
