Participant Work Hours Verification Form

Public Lands Corps

2023

Each section and data field of this form must be completed and certified by the responsible party. The **Program Participant** is defined as the candidate seeking Public Lands Corps Certification. The **Partner Organization** is defined as the non-FWS entity that directly employs the Participant. The **Project Supervisor** is defined as the FWS employee with oversight of the Participant and their project.

NOTE: Individual forms are required for each separate position used to accumulate the 640 required hours. Each form must be signed by their respective project supervisor and partner organization.

Program Participant

Participant Name:

Partner Organization:

Phone Number:

Personal Non-University Email:

Address:

I certify that the information provided is accurate and true. ◯ **Yes** ◯ **No**

Program Participant Signature:

Partner Organization Representative

Task Agreement Number:

Partner Organization Name:

Partner Organization Address:

Representative Name and Title:

Phone:

Email address:

Start Date of Project:

End Date of Project:

I certify that the information provided is accurate and true. ◯ **Yes** ◯ **No**

Partner Organization Representative Signature:

FWS Project Supervisor or Representative

Name and Title:

Duty Station:

Phone:

Email address:

Were at least 120 hours of the participant's project completed on or in support of public lands or Indian lands? ◯ **Yes** ◯ **No**

Total Project Hours Completed:

Location of Project:

PLC Project Type (select all that apply):

- ☐ Wildlife and Habitat Management/ Restoration
- ☐ Law Enforcement
- ☐ Wildfire and Fuel Management
- ☐ Visitor Services
- ☐ Diversity and inclusion
- ☐ Transportation/ Community Connectedness
- ☐ Infrastructure and Maintenance
- ☐ Emergency and Natural Disaster
- ☐ Invasive Species Removal
- ☐ Climate Mitigation and Resilience
- ☐ Trail Building/ Restoration

Project Duties:

Was the Member's Performance Satisfactory? ◯ **Yes** ◯ **No**

Provide details and justification of participant's performance:

I certify the information provided is accurate and true. ◯ **Yes** ◯ **No**

FWS Representative or Project Supervisor's Signature: