

# Participant Work Hours Verification

## US Fish and Wildlife Service - Public Lands Corps

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:**