

TIMESHEET

Student's Name:

Organization:

Supervising Attorney's Name & Telephone Number:

Date	Description of Work	#Hours*	Supervisor's Initials
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

*You are strongly encouraged to record and turn in all public service hours worked. Awards will be presented each year at the end of the spring semester to students with significant public service project hours recorded.

CERTIFICATION OF UNPAID HOURS – PRO BONO PROGRAM

I hereby certify that I received no compensation of any kind for the hours reflected on my timesheet for the Duquesne Law School Pro Bono Program.

Student's Signature

Date