Student Pro Bono Time Log

**Before submitting:**

* Note that time spent in training, travel, or observation **does not** count toward the 50 hour HLS Graduation Pro Bono Requirement.
* Discuss expectations about time keeping with your supervising attorney at the beginning of your pro bono project – some supervisors may expect you to be more precise than others in your time keeping.

**To submit this Time Log:**

* Record the date, name of the organization you are working with (first line only), description of the legal work, and hours worked on the described task/project.
  + For summer positions, hours may be recorded by each week, rather than day.
* If you are already recording hours in a similar format on another form for your organization, you may return a photocopy of that in lieu of this form.

| **Date**  **MM/DD/YY** | **Description of Work Done for:**    **Organization Name** | **Hours\*** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | **\*Please use hour or half-hour increment Total Hours:** |  |

I certify that the pro bono hours indicated above are accurate and request that these hours be counted toward the  
HLS pro bono requirement.

        /  /

**Student Name Student Year Student Signature Date**

Mandatory Supervisor Evaluation of Student

**Important: Students will not receive credit towards HLS’s Pro Bono Requirement until this form has been submitted.**This form should be filed promptly upon the student’s completion of his/her pro bono work. For 3L students, it shall be submitted no later than the Friday before Spring Break.

1. Name of Placement Organization:
2. Organization Contact Information:

Street Address: City State Zip Code

Phone Number Supervisor Email

1. Date Placement Began:    /    /
2. Date Placement Ended:    /    /
3. Did you provide compensation to the student while he or she was fulfilling the pro bono requirement?

No  Yes – If yes, specify amount and source:

1. Did the student complete the assigned tasks in a timely manner?  Yes  No
2. Did the student perform in a professionally responsible manner?  Yes  No
3. Would you supervise another HLS student in the Pro Bono Service Program?  Yes  No
4. Do you have any comments or suggestions concerning HLS’s Pro Bono Program?

Supervisors can sign the following by printing the form or by inserting an electronic signature. If signing electronically you must submit this form to OCP using your official work e-mail address.

***I certify that, under my supervision, (write in student name)*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***has satisfactorily completed (#)*** ***pro bono hours as indicated on the Student Time-Log.***

Supervisor Name Supervisor Title

         /    /

Supervisor Signature Date (MM/DD/YYYY)

**Return this form to:** Office of Clinical and Pro Bono Programs, 6 Everett St., WCC 3085, Cambridge, MA, 02138.  
You can either mail, e-mail ([clinical@law.harvard.edu](mailto:clinical@law.harvard.edu)) or fax (617.496.2636) this form. You may also give it to the student who will then return it to our office.