

HARVARD LAW SCHOOL SUMMER PUBLIC INTEREST FUNDING & PRO BONO SERVICE PROGRAM

MANDATORY SUPERVISOR EVALUATION OF STUDENT

1. Name of Student: _____

2. Name of Placement Organization: _____

3. Address of Organization: _____

Street Address

City

State

Zip

4. Phone: _____ - _____ - _____ Fax: _____ - _____ - _____ Email: _____

5. Date placement began: ____/____/____ Date placement ended: ____/____/____

6. Did you provide monetary compensation to the student this summer (i.e. wages, housing, travel, etc.)? Yes No

If yes, specify amount and source: _____

7. Did the student complete the assigned tasks in a timely manner? Yes No

8. Did the student perform in a professionally responsible manner? Yes No

9. What was most beneficial for your organization about this experience? _____

10. Would you supervise another HLS student for SPIF or the Pro Bono Program? Yes No

11. Do you have any comments or suggestions concerning the Summer Public Interest Funding (SPIF) or the Pro Bono Service Program? _____

Supervisor Name: _____

Supervisor Title: _____

Supervisor Signature: _____ Date ____/____/____

Both pages of this form must be uploaded to the self-service portal by **September 15, 2023**. *STUDENTS WILL NOT RECEIVE PRO BONO OR SPIF CREDIT FOR THEIR POSITION UNTIL THIS FORM IS RECEIVED AND A CHARGE FOR THEIR FULL SPIF AWARD WILL BE PLACED ON THEIR STUDENT BILL.*

For questions on funding or submitting this form, please call 617-495-0643 or email spif@law.harvard.edu

For questions on pro bono credit, contact the Clinical & Pro Bono Office at 617-495-5202 or email clinical@law.harvard.edu

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STUDENT TIME LOG

You must submit this time log with your supervisor's signature to verify your TOTAL number of hours worked. (Failure to submit a time log documenting your hours worked will result in forfeiture of your SPIF award.) Please record your hours in as accurately and detailed a way as possible. For SPIF purposes, a maximum of 37.5 hours per week counts towards your work requirement. **Any work beyond 37.5 hours per week is considered volunteer and should be included in the additional Volunteer Hours column. Please contact the SPIF office as soon as possible if you are unable to meet your minimum weekly hour requirement due to circumstances outside your control, or unexpected circumstances.**

Week	Dates	Description of Work Done	Total Hours	Work Hours (maximum 37.5 hours)	Volunteer Hours (list hours above 37.5)
<i>Ex.</i>	<i>June 5-11</i>	<i>Researched Smith v. Doe, prepared for court hearing, wrote brief</i>	<i>45</i>	<i>37.5</i>	<i>7.5</i>
1	May 8-14				
2	May 15-21				
3	May 22-28				
4	May 29-June 4				
5	June 5-11				
6	June 12-18				
7	June 19-25				
8	June 26-July 2				
9	July 3-9				
10	July 10-16				
11	July 17-23				
12	July 24-30				
13	July 31-Aug 6				
14	Aug 7-13				
15	Aug 14-20				
16	Aug 21-27				
17	Aug 28-Sept 3				
TOTAL:					

I certify that the hours indicated above are accurate and request that these hours be counted toward the Summer Public Interest Funding and HLS pro bono requirements. I also certify that in addition to the 37.5 hours per week for which the student was compensated they volunteered _____ additional hours.

Student Name

Student Signature

____/____/____
Date

Supervisor Name and Organization

Supervisor Signature

____/____/____
Date

Other required information to be completed by student:

Did you receive any additional income this summer beyond your SPIF award (employer wages, fellowships, etc)? Yes No

If yes, how much and from what sources? _____