Jindal OutREACH Approved Partner Volunteer Hour Verification Form

This form may be used to verify hours worked with APPROVED PARTNERS ONLY. A full list of approved community partners can be found on the Jindal OutREACH website. Opportunities with these approved partners do not need to be pre-approved. Verification forms can be submitted for tracking via the Jindal OutREACH website. All fields must be complete.

Student Name: ________________________________________________________ UTD ID #: _____________________________

Student UTD Email: ________________________________________________________@ UTDallas.edu

Organization Name: __________________________________________________________________________________________

Event Name (if applicable): ____________________________________________________________________________________

Duties/ Description of Service Rendered: _________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

Date(s): ____________________________________________________________________________________________________

Start Time: __________________________________________ End Time: ______________________________________________

Total Hours Worked: _________________________________________________________________________________________

A valid start and end time must be provided for each date. If necessary, an additional sheet may be included if signed by supervisor.

Supervisor Statement: I verify that the above information is correct, and that the student did not receive any compensation for their efforts. I have included accurate contact information below in case additional verification is necessary.

Supervisor’s Name (please print): ______________________________________________________________________________

Supervisor’s role in organization: _______________________________________________________________________________

Supervisor’s email: ________________________________________________________ Phone: ____________________________

Supervisor Signature: _______________________________________________________ Date: _____________________________

For Jindal OutREACH Office Use Only:

Date Submitted: ________________________________________ Approved  Denied

Approved by: ______________________________________________________________________________________________

If Denied, please list why: _____________________________________________________________________________________