



### **Public Lands Corps Tracking Form**

Please complete requested information on all three tabs of this spreadsheet.

In the "Participant Information" tab, please provide information for each Public Lands Corps participant you've In the "Project Information" tab, please provide information on each of the projects in which you've engaged P In the "Project Tracking" tab, please track the number of hours each participant has worked on each of the pro

Tracking sheet should be completed quarterly and sent via secure email to: **WOVolServ@fs.fed.us** 

Incomplete provision of the information requested in this form may result in in participants not being able to gain the privileg

#### **Burden Statement**

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to re control number. The valid OMB control number for this information collection is 0596-New. The time required to complete the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and complete of Agriculture (USDA) and U.S. Department of the Interior prohibit discrimination in all programs and activities on the basis of beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabili information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at 202-720-2600 (voice and TDD). To find Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD).

#### **Privacy Act Statement**

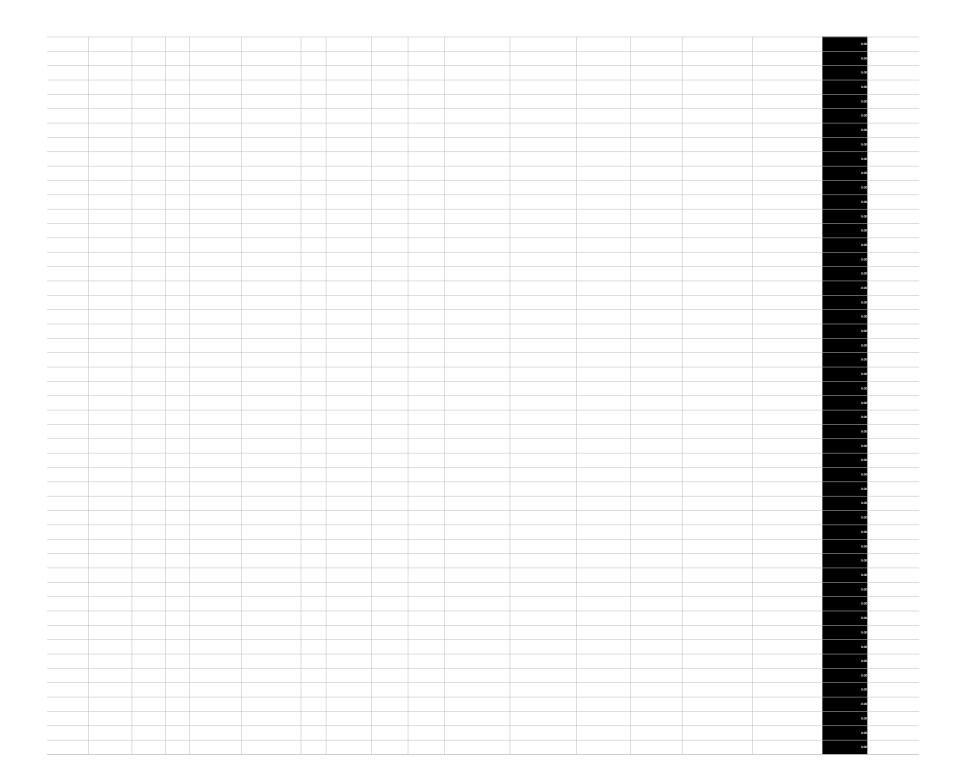
The data collected for the PLC spreadsheet would fall under the Forest Service' End-User Computer Environment (or EUCE) in signed and approved Privacy Impact Assessment (PIA). The EUCE PIA is required by OMB Memorandum 03-22, which provide Government Act of 2002. The password protected file will be stored on a fully encrypted laptop, only being accessed by author of the Volunteer and Service program in the Forest Service's Washington Office.

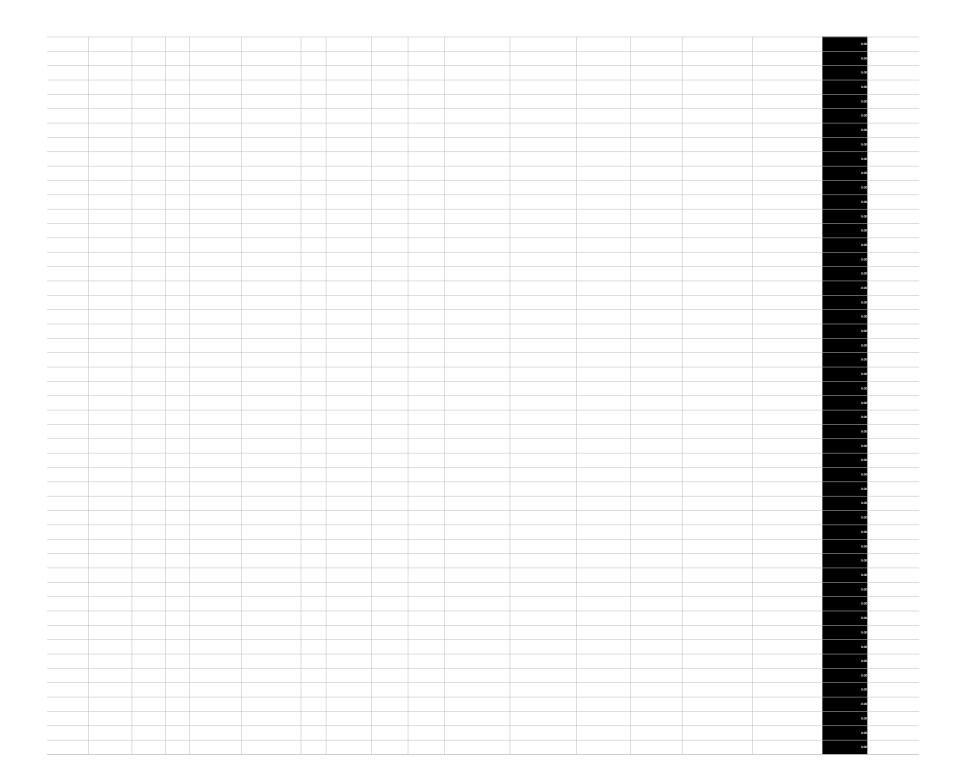
#### PUBLIC LANDS CORPS PARTICIPANT INFORMATION FORM

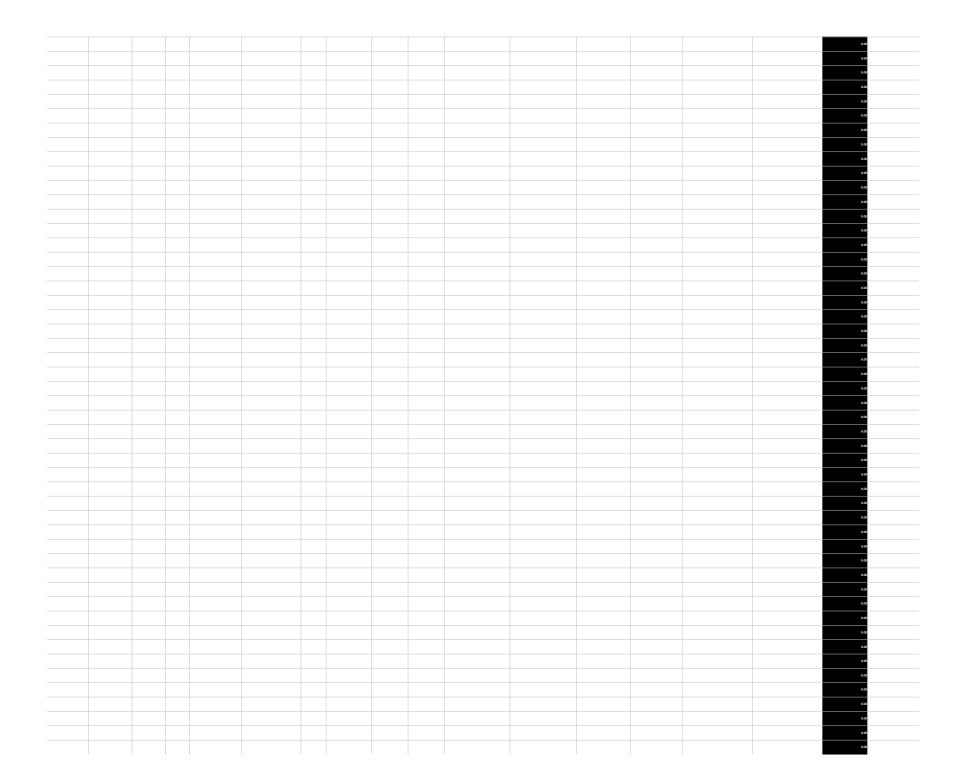
Submission Date:



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		Permanent								
Last Name										
					Black or African American					
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# **PUBLIC LAI**

Partner		
Partner Name	Agreement Number	Deputy Area/Office




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### NDS CORPS PROJECT INFORMATIC

FS Unit (Location)	Start Date MM/DD/YYYY	End Date MM/DD/YYYY

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# **ON FORM**

#### Project

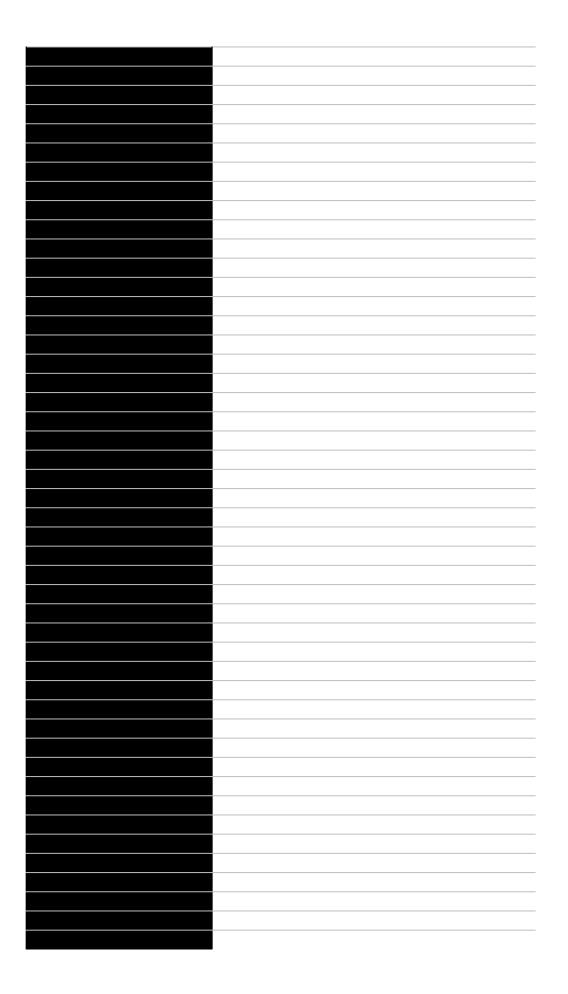
Project Title	FS Supervisor Last Name

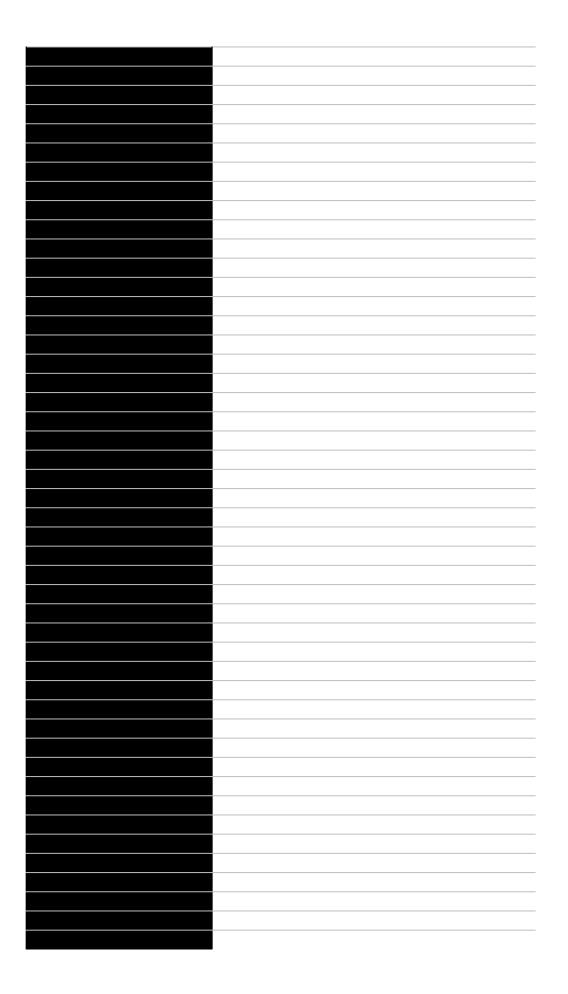


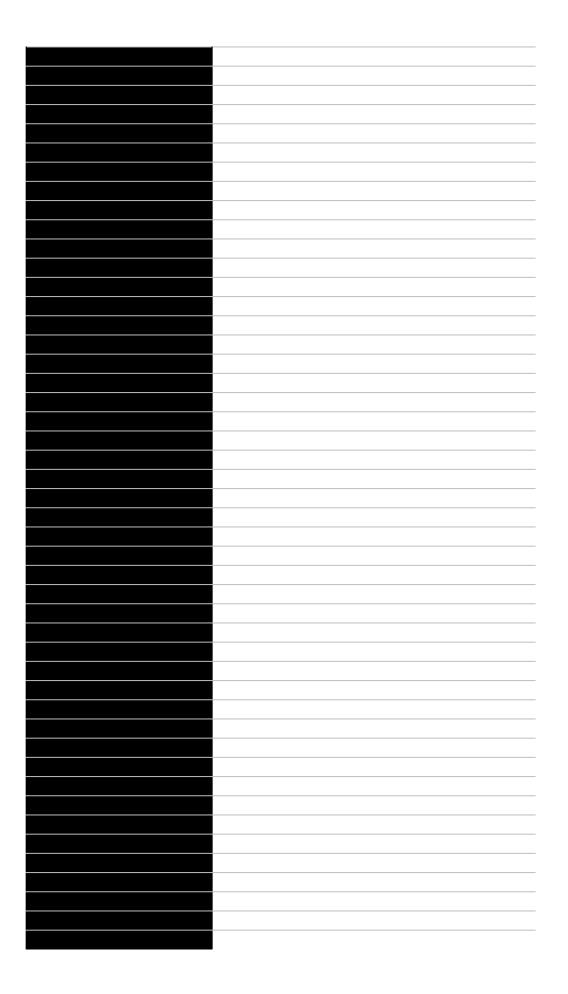


FS Supervisor First Name	FS Supervisor Email Address

Project Total Hours	Narrrative/Comments







# **PUBLIC LA1**

Participant	
First, Last Name	Position Type

### **NDS CORPS PROJECT TF**

**Project Title** 

## **RACKING FORM**

Project		
Project Description	Type of Work	

Project Hours Worked	Certificate Status	Certificate Date of Completion MM/DD/YYYY





Narrrative/Comments