

INTERPRETER TIMESHEET	
BUILDING	
LAST NAME	FIRST NAME
LANGUAGE	MONTH OF SERVICE

***Each day worked must be initialed by authorized staff who requested your services and principal or designee.**

Date Worked	Hours Worked	Time of Day	Pay Rate	Account Code (PPSS-AA-OBBB-LLL-XXXX-XXXX) Required	Description/Event of Service (Requesting Employee)	Staff Initial	Principal/ Designee Initials
11-17-2016	4	8am-12pm		Example	Parent teacher meeting.		
			\$30				
			\$30				
			\$30				
			\$30				
			\$30				
			\$30				
			\$30				
			\$30				
			\$30				
			\$30				
			\$30				
			\$30				
			\$30				
TOTAL							

1. **This form must be completed and signed in ink.**
2. Each job must be initialed by the requesting staff and the principal or principal designee.
3. Submit form to Rokiyah Manhsour at the Administration Building to be processed for payment.

I certify that the above is a true and correct record to my hours worked.

Interpreter's Signature Date

Chief Academic Officer Signature Date