

INTERPRETER TIME SHEET

Fill out your timesheet completely after each interpretation. **Limit 17 hours per week.**
Timesheets are due by the 24th of each month.
DO NOT USE WHITE OUT OR PENCIL ON THIS PAGE.

Name: _____ Phone: _____
 Check if this is a new phone number

Complete ONLY
 if NEW address: _____
 (street) (city) (zip code)

Date	Start Time	End Time	Type of Work
			<input type="checkbox"/> Parent Event <input type="checkbox"/> Conference <input type="checkbox"/> Enrollment Mtg <input type="checkbox"/> Phone Calls (site) <input type="checkbox"/> Phone Log <input type="checkbox"/> Home Visit <input type="checkbox"/> Other:

Name of Center or Site (see Site List)	Program (select the correct funding source)	Total Hours
	<input type="checkbox"/> EHS 412 <input type="checkbox"/> EHS 007 <input type="checkbox"/> ECEAP <input type="checkbox"/> HS 412 <input type="checkbox"/> HS 187	

Information entered for this job is correct to the best of my knowledge.

Staff Signature: _____ **Date:** _____

I hereby certify, under perjury, that the information submitted on this sheet is accurate and represents actual hours worked.

Interpreter Signature *Date*

PSESD Supervisory Signature *Date*

MAIL TO: Interpreter Services, Puget Sound ESD, 800 Oakesdale Ave. SW, Renton, WA 98057. Include Phone Log or Mileage Reimbursement Form if claiming for a job on this timesheet.



White = Program / Yellow = Interpreter / Pink = Center or Site

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