

Consumer ID:
Consumer Name:
A/V #:

ACCES-VR Sign Language Interpreter Timesheet

| Vendor Name: | | | | | Contract Number: | | | | |
|--|------------|----------|------------|----------|-------------------------------------|---------------------|---|--|--|
| Consumer ID: | | | | | Referring ACCES-VR District Office: | | | | |
| Consumer Name: | | | | | VRC: | | | | |
| This section must be signed by both the Consumer and Interpreter. Note: If consumer is a no-show then an onsite contact must sign form. | | | | | | | | | |
| Job Number: | | | | | Job Location: | | | | |
| Date(s) of Service: | | | | | Total hours of Service: | | | | |
| Service Date | Start Time | End Time | Start Time | End Time | Total Hours | Paid for Meal Break | Travel (roundtrip mileage to and from assignment) | Emergency/ Evening/ Weekend Rate Applies | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Interpreter: | | | | | Certified: _____ Yes _____ No | | | | |
| Preparation Time (15 minute increments): | | | | | | | | | |

I affirm that the interpreter has provided service on the date and time listed above.

Consumer Signature: _____ Date: _____
 If consumer is a no-show an onsite contact signature is required.

I certify that I have provided services to the above consumer as indicated in accordance with authorization from NYSED ACCES-VR under contract with the above named sign language interpreter referral service vendor.

Signature of Interpreter: _____ Date: _____