

SIGN LANGUAGE INTERPRETER TIME RECORD

College of DuPage - Health and Special Student Services
425 Fawell Blvd., Glen Ellyn, IL 60137 630-942-2071 fax

Office use only: Occ/voc. _____

Office use only: Stud. Activ. _____

Office use only: ORS 1 _____

Office use only: ORS 2 _____

Interpreter Name: _____ **Weeks Ending:** _____

Client Name	Event Description	Time	Hours	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Total	Comments	
<i>Example: John Doe</i>	<i>English 101</i>	<i>9:00 - 11:30 am</i>	<i>2.5</i>		<i>10/3</i>		<i>10/5</i>				<i>5.0</i>		
I certify that these hours are correct.											TOTAL HOURS		
Interpreter Signature _____												Office use only: _____	