

LEBANON SCHOOL DISTRICT

Interpreter/Translator Authorization Record & Timesheet

Hourly Rate: \$25.00 Budget Code: District

Interpreter/Translator: _____
 Please print: (Last Names) (First Name) (Middle Initial)

DIRECTIONS: (Note: *Regular district employees may submit this form only for interpreting & translating before or after assigned hours.*)

- Column 5: Check the box under “INTERPRET” if the assignment primarily required speaking.
- Column 6: Check the box under “TRANSLATE” if the assignment required rewriting a document in another language.
- Column 7: Under “NATURE OF ASSIGNMENT” write a brief description of work completed.
- Examples might include:
 - a. Interpreted for parent & teacher at the school.
 - b. Interpreted for principal, counselor, parent & student at the school.
 - c. Phone conference between parent, counselor and principal.
 - d. Interpreted for new student registration.
 - e. Translated dress code letter.
 - f. Any other explanation that best describes the assignment.
- Payment for phone calls made from home will be made in 15-minute increments.
- Payment for interpreting at a district or other authorized location will be paid in 15-minute increments if the interpreter is already at the location.
- Payment for interpreting at a district or other authorized location will be 1 hour for the first hour (or fraction of the first hour) if the interpreter must travel from home or elsewhere. Time extending beyond the first hour will be paid in 15-minute increments.

DATE	S T A R T TIME	E N D TIME	TOTAL TIME (HOURS & MINUTES) <i>Include travel time when traveling between authorized locations.</i>	I N T E R P R E T	T R A N S L A T E	NATURE OF ASSIGNMENT	SIGNATURE OF ADMINISTRATOR *(OR DESIGNEE) AUTHORIZING THIS SERVICE <small>*Designee must have administrator's permission to authorize payment for service</small>
Time (Side 1):							
Time (Side 2):				Signature of			

Total Hours (Sides 1 & 2):

Interpreter/Translator: _____ Date: _____

