

Consumer ID:
Consumer Name:
A/V #:

ACCES-VR Sign Language Interpreter Timesheet

Vendor Name: Empire Interpreting Service, LLC					Contract Number: C012700			
Consumer ID: Consumer Name:					Referring ACCES-VR District Office: 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: _____