THE FOLLOWING STATEMENT IS TO BE READ BY THE INTERPRETER TO THE FAMILY IN THEIR NATIVE LANGUAGE BEFORE THE MEETING BEGINS

All information shared at this meeting today will be kept confidential. This information will be shared only with Lincoln Public Schools staff that works with you or your child. If you feel this information has been discussed with others in the district or community without your permission you should call 402-436-1988.

FP0001
Rev. 10/24

BILINGUAL INTERPRETER TIME REPORT

Federal Programs Department
Lincoln Public Schools

Interpreter Name (please print): _____ Employee ID #: _____

Telephone: _____ Email: _____

Date of Work	Student/Family Name(s)	Student ID Number	School	Services Requested By (Name)

Requesting Department

☐ Special Education ☐ Student Services ☐ Federal Programs ☐ ELL ☐ Family Literacy
☐ Early Childhood ☐ Other: _____

Account Number: _____

☐ Oral Interpretation

Description of Interpreting Work _____

Time Work Began ____ ☐ a.m. ☐ p.m. Time Work Ended ____ ☐ a.m. ☐ p.m. **Total Hours:** _____

Did you make a telephone call(s) to the family for this job? ☐ Yes ☐ No

Date of call (1) _____ Date of call (2) _____ **Total time for calls:** _____

Other Comments:

Travel paid if multiple jobs: _____

Total time this job: _____

☐ Written Translation

Submit copy of English *and* translated document with this sheet.

Description of Document _____

Time Work Began ____ ☐ a.m. ☐ p.m. Time Work Ended ____ ☐ a.m. ☐ p.m. **Total Hours:** _____

Interpreter – Please let us know if you are working other interpreting jobs on the same day, and provide details of the other jobs.
This, was my ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th interpreting job today. Provide multiple job information below:

School _____ Dept. _____ *Began* _____ ☐ a.m. ☐ p.m. *Ended* _____ ☐ a.m. ☐ p.m.

School _____ Dept. _____ *Began* _____ ☐ a.m. ☐ p.m. *Ended* _____ ☐ a.m. ☐ p.m.

School _____ Dept. _____ *Began* _____ ☐ a.m. ☐ p.m. *Ended* _____ ☐ a.m. ☐ p.m.

Interpreter's Signature: _____ Date: _____

Contact Person's Signature: _____ Date: _____

Principal/Department Director: _____ Date: _____

- Call Federal Programs at 402-436-1988 if you have questions about filling out this report. INCOMPLETE FORMS WILL NOT BE PROCESSED.
- A time report is to be filled out each time an interpreting assignment is completed; and signed by the supervisor or school that requests interpreting services.
- Describe the type of interpreting that is associated with the assignment such as oral or written, type of meeting and specific department the job is associated with.
- Travel time is not to be included in translator work time unless working consecutive jobs and traveling immediately from one INTERPRETER job to another.
- The time sheet must be received in Federal Programs by the 1st of the month in order to meet the payroll cutoff period. Minimum pay is 1 hour per day.

Send to: Federal Programs, Box 58; Special Education, Box 43; or Early Childhood, Box 1, Hawthorne. Keep a copy for your records.