Name_____ Identification No._____
Phone/Pager No(s)_____ Pay Period Ends_____
_____ (use date on payroll schedule)

DATE	ASSIGNMENT	STUDENT INITIALS	START TIME	END TIME	TOTAL HOURS	NO SHOW

I certify the above information is a true and correct account of all hours worked. As an interpreter, I also attest to having performed ethically and professionally according to the code of Ethics prescribed by the registry of Interpreters of the deaf, RID.

_____Date:_____ _____
Employee Signature Supervisor Signature