

## Community Health Interpreting, Testing and Training Service

A Program of the Institute for Innovation in Health and Human Services

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## **INTERPRETER TIME SHEET for Appointments for**

After Hours On-Call (Sentara RHM) All Others						
Inte	rpreter's Name:	Pay Period:				_
I her	reby certify that all information on ti	his Time Sheet has been entere	ed correctly and	l checked for a	eccuracy.	
Em	ployee/Interpreter Signature:	Date:				
Appt. Date	Appointment Site (clinic name or street address)	Appointment ID # (begins with M20-, E20-, SS20-, B20-, etc.)	Arrival Time (including am or pm)	Departure Time (including am or pm)	Total Time (by interpreter)	Total Hours (Office use only)
		Office Use Only Total Hours:				

Approved by

Audited by