

TIME SHEET FOR TRANSLATION SERVICES PROVIDED TO WRIGHT ELEMENTARY SCHOOL DISTRICT

Name of Translator			
Address			
Phone/s			
Employee Assignment Regular Paid Hours	START:	END:	Days: M T W TH F

The above named person is authorized by the District to provide translation services as approved and requested only by the site Principals and/or the District Superintendent.

*** Approved hours for District employees are off duty before/after regular work hours (extra work opportunity)**

Description of Pre-Authorized Service			Approved *	Initials/Principal
DATE OF SERVICE	TIME/S OF SERVICE	SCOPE/TYPE OF AUTHORIZED SERVICE PROVIDED	# OF HOURS In 15 min. increments	

CONSULTANT/EMPLOYEE

SIGNATURE: _____ DATE: _____

APPROVED BY: _____ DATE: _____

For District Office Use		
Account Distribution	Amount	
_____	_____	Total Hours: _____
_____	_____	x \$25/Hour: _____
_____	_____	Total Pay: _____
		Payroll: _____