



MONTHLY REPROT FOR DOC-CERTIFIED INTERPRETER/TRANSLATOR

_____ / _____
 Name Scheduled workdays Shift hours

_____ Type of Interpreter/Translator: Full time Occasional
 Language

See reverse side for instructions

Individual name (See instructions if not an incarcerated individual)	DOC #	Date	Requested by	Time 30 minute increments	Purpose (Use drop-down list)
					Choose an item.
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					Choose an item.
Total MINUTES					

No activity this month

Comments:

INSTRUCTORS

1. This form must be completed on the computer each month to receive dual language compensation. More than one form may be used, if necessary. Mark the “No activity this month” box if you did not interpret/translate during the month. You and your supervisor must verify that the information provided is correct by inserting your electronic signature and dating this form. Forward the form as an e-mail attachment.
2. Time will be reported in 30-minute increments (e.g., 1-30 minutes are reported as 30 minutes; 31-60 minutes are reported as 60 minutes; 61-90 minutes are reported as 90 minutes)
3. Provide the information for the first 5 columns and complete the Purpose column by using the drop-down list. Click on “Choose an item” and use the down arrow to select the appropriate entry. Those beginning with “O” are for oral language services (interpretation), and those beginning with “W” are for written services (translation).
4. If the interpretation was not for an incarcerated individual, type “family member, friend, or visitor” in the Name of Individual column and N/A in the DOC # column. Fill in the rest of the information and select the appropriate purpose from the drop-down list.
5. If you scan foreign language mail, type “Scanned (#) number of letters” under Name of Individual. Do not type in the individuals’ names or DOC numbers. Fill in the rest of the information and select “Mail, Scan Only” from the drop-down list under Purpose.

Interpreter/Translator signature

Date

Supervisor

Signature

Date

LIMITED ENGLISH PROFICIENT (LEP) COORDINATOR SECTION

- Form checked for completeness. Incomplete form returned to interpreter to correct.
- Form complete, logged in and photocopied.
- Electronic copy to the Payroll Office

LEP Coordinator

Signature

Date

Language Access Program

Signature

Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL** - Interpreter/Translator

COPY - LEP Coordinator, Payroll office (for occasional interpreters only)

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