



Interpreter Request Form

Complete form electronically, then save and email to glazeke@tcaps.net. Do not send via interoffice mail or fax to HR.

THIS SECTION TO BE COMPLETED BY ADMINISTRATIVE ASSISTANTS ONLY

ADMIN. ASSIST COMPLETING FORM	
NAME:	PHONE:
DATE NEEDED	SCHOOL:
LANGUAGE REQUESTED	TIME FRAME NEEDED <i>(i.e. 1:00 – 2:00 p.m.)</i>
ROOM TO REPORT TO	PARENTS HAVE BEEN NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO
	INTERPRETER TO CONTACT PARENTS <input type="checkbox"/> YES <input type="checkbox"/> NO
	PRINCIPAL APPROVED REQUEST <input type="checkbox"/> YES <input type="checkbox"/> NO
STUDENT(s) * <i>[complete separate form for all GSRP students]</i>	GSRP STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
INTERPRETING FOR <i>[i.e., parent, guardian, including name(s) and phone number(s)]</i>	
TEACHER(s) *	
REASON NEEDED* <i>(i.e., Parent-Teacher conference)</i>	

* If this request is for parent-teacher conferences and you require interpreting for multiple families (same language) on the same date, please attach to your emailed form one list of all students. Include grade, teacher name, conference time, and room or room numbers interpreter is to report to.

THIS SECTION COMPLETED BY HUMAN RESOURCES OFFICE

Interpreter Assigned:	Phone:	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved		

THIS SECTION COMPLETED BY INTERPRETER

Date(s) Worked:	Start Time:	End Time:
Employee ID # (if employee):	Total Hours Worked:	
Interpreter's Signature:	Date:	

THIS SECTION COMPLETED BY HUMAN RESOURCES OFFICE

TCAPS Account Number:	Date:
Coni Taylor, Associate Superintendent of Labor Relations & Legal Services <input type="checkbox"/> Approved for Payment	

Interpreter and Translator Request Instructions for Administrative Assistants/Registrars

For the most up-to-date information, please view the Google Doc entitled:

[TCAPS Procedure: Interpreter Requests/Admin Assts](#)