

INTERPRETING SERVICES TIME RECORDING

(Complete accurately with integrity)

EMPLOYEE: _____

Home Dept. _____

Pay Period Ending: _____

VITAL DOCUMENT KEY: **1** = Obtain Informed Consent, Do Not Resuscitate (DNR) order and / or Organ Donation; **2** = Physician Communication, H&P, explain Dx, Family Conference; **3** = Discharge Instructions; **4** = Extensive Social Worker Intervention; **5** = Patient Complaints; **6** = Pt. Request Interpreter

Date	DEPT	Requested By		Requested For:			START TIME	END TIME	Total Time in 15min Increments	Department Manager Approval Signature	COMMENTS
		MD	NURSE	Vital Doc. #	Pt. EDU	OTHER					

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Complete start & end times in 15 minutes increments each time you interpret. Submit triplicates to your Kronos timekeeper. Timekeeper to give copy to Education Department at the end of each pay period **no later than 8am on Monday**. Incomplete sheets may result in a delay of payment.