

## Translation/Interpretation Work Order Form

**Instructions:** Use this form to request the services of translators/interpreters. All forms must be signed by the program manager with budget approval and must include the program allocation. Allow at least 14 calendar days to schedule a translator/interpreter. In the event of a cancellation after the translation/interpretation has been scheduled, contact the Family & Community Services Supervisor (FCSS) immediately. Forward completed forms to the FCSS.

Type of request (check one) ☐ Translation (email electronic copies of original to FCSS)  
☐ Interpreter Purpose: \_\_\_\_\_

Title of Document/Event \_\_\_\_\_

Submitted by \_\_\_\_\_

Date Submitted \_\_\_\_\_ Date Document/Interpretation Needed \_\_\_\_\_

Time: \_\_\_\_\_ Total # of estimated hours \_\_\_\_\_

Location of activity needing interpretation \_\_\_\_\_

Date form received by FCSS \_\_\_\_\_ Date final translation returned to originator \_\_\_\_\_

Additional information (terms that might need defining, copies attached, etc.)

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Funding allocations (must total 100%)

Program	Percentage	Coding

For internal use only