



DHH Service Provider Time Sheet

NAME: _____

PAY PERIOD (Mo/Yr): _____

Captionist

Interpreter

*Time sheets are due on the **25th of each month** unless otherwise stated.

****Time sheets not in by the assigned date will not be processed until the next month.**

| DATE | Course Name & No. | Student's Name | TIME | # of HOURS | Comments |
|---------------------|-------------------|----------------|--------------------|------------|----------|
| | | | From: To: | | |
| | | | From: To: | | |
| | | | From: To: | | |
| | | | From: To: | | |
| | | | From: To: | | |
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| | | | From: To: | | |
| | | | From: To: | | |
| | | | From: To: | | |
| | | | From: To: | | |
| Page _____ of _____ | | | Total Hours | | |

Service Provider Signature

Supervisor Signature

Date Submitted: _____

Date Approved: _____

Office for Students with Disabilities and Disabled Student Support Services, Adm. 127

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