



# SLS Assignment Log Form

Invoice: \_\_\_\_\_ Date: \_\_\_\_\_

**Assignment Type:** Individual \_\_\_\_\_ Team \_\_\_\_\_

## **INTERPRETER 1**

Interpreter 1 - Full name: \_\_\_\_\_

Certification Level: \_\_\_\_\_ Certification # \_\_\_\_\_

## **INTERPRETER 2**

Interpreter 2 - Full name: \_\_\_\_\_

Certification Level: \_\_\_\_\_ Certification # \_\_\_\_\_

## **CONTACT INFORMATION**

Contact - Full name: \_\_\_\_\_

Certification Level: \_\_\_\_\_ Certification # \_\_\_\_\_

## ASSIGNMENT INFORMATION

Rate: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Total Travel Time: \_\_\_\_\_

Consumer Full name: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

## COMMENTS

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## ATTACHMENTS

Check if you are including any attachments.

## **SIGNATURES**

\_\_\_\_\_ Check if you would like to receive a copy.

email: \_\_\_\_\_

## **INTERPRETER 1**

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Signature Date

## **INTERPRETER 2**

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Signature Date

## **REPRESENTATIVE**

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Signature Date

Certified by the Department of Assistive and Rehabilitation Services, Office for the Deaf and Hard of Hearing. Complaints about the service provided may be presented to the office at:  
P.O. Box 12904, Austin, Texas.

Sign Language Services, LLC  
Amy Hermansen - Certified Interpreter, President/Owner  
Trust Your Communications To Our Hands