



# 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**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **INTERPRETER 2**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **REPRESENTATIVE**

\_\_\_\_\_  
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