

**To be completed by the interpreter upon completion of an assignment: please add initials if you make any changes**

Name		Venue	
LIN number		Location	
Job reference		Assignment start date	
Language used		Booked start time	
Name of officer/clerk/ authorised official		Number of hours/days	
<b>Interpreting time</b>			
Start time block 1		End time block 1	
Start time block 2		End time block 2	
Start time block 3		End time block 3	
Start time block 4		End time block 4	
Please use another timesheet if there is not enough space here. <b>PLEASE NOTE:</b> Falsifying a timesheet could lead to criminal proceedings		Total minutes excluding lunch and/ or non-billable time	

### Declaration of interpreter

I declare that the information provided on this form is correct and complete and that I have not claimed elsewhere for hours detailed on this timesheet nor am I making multiple claims for the same time period. I understand that if I have knowingly provided false information this may result in Capita taking sanctions against me and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to the customer for the purpose of verification of this claim and the investigation, detection and prosecution of fraud.

**Interpreter: Please ensure you retain a copy of this timesheet for all assignments completed.**

Signature			
Print Name		Date	

### To be completed by authorised member of staff only:

Name		Position	
Other Reference, if needed (i.e. collar number/ID number)			

### Declaration of staff member

I declare the information provided on this form is complete and correct. (For SBS only: I am an authorised signatory for my department. I am signing to confirm that the interpreter and the hours I am authorising are accurate and I approve payment. I am signing to confirm that I have checked and verified the photo identification of the interpreter with the on-line records. I understand that if I have knowingly provided false information this may result in disciplinary action and I may be liable to prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the relevant authorities for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud).

Signature			
Print Name		Date	

### Responsibilities of the interpreter regarding safeguarding

If whilst carrying out this interpreting job you have any concerns regarding the safeguarding, treatment or wellbeing of any individual you should raise this immediately with an appropriate member of staff on site or if this is not possible contact Capita for advice. For further information on safeguarding please visit <http://www.capitatranslationinterpreting.com/cti-linguist/> where you can view our safeguarding policies.

### Guidance notes for customer

Use this sheet to manually record interpreting time delivered. Customers that are responsible for entering the interpreting time delivered into the portal directly please do within 72 hours of services being delivered. If you do not have the ability to use the portal immediately, please complete and retain a copy of this timesheet as a record of the information to be entered and enter it as soon as you can. Please ensure the Job Reference Number is clearly legible and that the block(s) of time recorded are entered correctly. **A completed, signed copy must remain with the interpreter, and another with the staff member in all circumstances.** Please note that if you wish to provide feedback to Capita this should be done through the portal. Alternatively, if you are unable to access the portal or wish to speak with a member of staff at Capita, please ring us and quote the job reference number to our support team.