



Making Northern Ireland Safer For Everyone Through Professional, Progressive Policing

INTERPRETER TIME SHEET

Please return completed form to:

NICEM Interpreting Service, 3rd Floor, Ascot House, 24-31 Shaftesbury Square, Belfast BT2 7DB or fax to 028 9031 9485.
RNID, Communication Services Northern Ireland, Wilton House, 5 College Square North, Belfast BT1 6AR or fax to 028 9032 7616

IMPORTANT INFORMATION REGARDING THE COMPLETION OF TIME SHEETS

- **COMPLETENESS, LEGIBILITY AND ACCURACY.** Complete the time sheet in BLOCK CAPITALS and provide ALL the information required.
- **CORRECTIONS.** Corrections on the time sheet must be initialled by the police officer who signs the time sheet.
- **MISSING SIGNATURES.** Each time sheet must contain the signature of the interpreter and that of the police officer.
- **TIMELY SUBMISSION.** Time sheets must be submitted within 10 days from the completion of the interpreting assignment.
- **RECORD KEEPING.** Interpreters should keep copies of all the time sheets submitted.
- Failure to comply with any of the above may result in payment being delayed, payment made at the minimum rate (excluding travel allowances) or no payment made at all.

USER DETAILS

interpreter to complete the emergency call-outs

Name of police officer _____ Rank _____
 District _____ Service no. _____
 Station _____ Contact tel no. _____

SESSION DETAILS

interpreter to complete the emergency call-outs

Interpreter name _____
 Date required // Time required : (24-hr clock) See NICEM general interpreting timesheet
 Client name(s) _____
 Language/dialect _____ Country of origin _____
 Venue (full address) _____
 Reason for request _____

INTERPRETING TIME

actual interpreting, excluding travel time

Start : hours (24-hr clock) on // (date) _____ (day)
 End : hours (24-hr clock) on // (date) _____ (day)
 Cancelled Non-appearance

WAITING TIME

for sessions longer than 3 hrs, if waiting exceeds 1 hr per block (include meal/refreshment breaks)

1. Start : End : Reason _____
 2. Start : End : Reason _____

JOURNEY DETAILS

Departure point _____ Destination _____
 Via _____ Mode of transport _____

EXPENSES

receipts must be attached

1. _____ Authorised by _____ £ _____
 2. _____ Authorised by _____ £ _____

DECLARATION (Interpreter)

DECLARATION (Authorising Officer)

I declare that the information I have given is correct. I certify that the facts as stated in this form are correct.
 Signature _____ Date _____ Name (PRINT) _____ Signature _____
 Service No _____ Date _____

Please provide any additional information that you deem relevant and wish to draw to our attention in the blank area below. (See NICEM general interpreting form.)