

## **DISABILITY RESOURCE CENTER** 360 Huntington Ave, **20 Dodge Hall**, Boston, MA 02115

## **Interpreter/CART Provider Timesheet**

Name:										
Northeaste	ern Univers	ity ID#:								
Date:										
Email Addr	ess:									
Date Time Assignment			ent	Consumer		Code	Deaf-Blind	NU Rate	Hours	Subtotal
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Total Amount:										
				OFFIC	E LICE ONLY					
				<u>OFFICI</u>	E USE ONLY					
Subtotal DB DRC Paid hours			x Deaf-Blin	d Rate \$ d Rate \$	= \$ _					
Subtotal DB Other Paid hours			x Deaf-Blin	d Rate \$	= \$ _		Deaf-Blind Hours			(497157)
Subto	tal DRC Paid ho	urs	x Regular R	late \$	= \$					
Subtotal Other Paid hours					= \$ _		Regular Hours			_ (495096)
				_						
	Hours DRC Paid Hours Other Pa		_	\$			Authori	zed Signature		
illaii	nours Other Pa	id	OTHER PAI	ې ب			Autilon	zeu signature		

## **Instructions:**

- 1) Use a separate line for each class or assignment interpreted.
- 2) In the "Assignment" column be as specific as possible
  - a. Course number or name of course
  - b. Title of campus event/lecture
  - c. Name of Departmental meeting or event
- 3) Fill in the appropriate Assignment Code for each line.
  - A- Academic. (classroom/tutoring/group projects for class/professor meeting)
  - E Event. (special lecture, Presidential address, comedy show, general audience)
  - **D** Departments. (meetings, workshops, seminars)
- 4) Indicate Yes or No if assignment was for a Deaf-Blind consumer.
- 5) Calculate work at NU for the day billing straight time from start to end time (back-to-back classes, meetings, etc) counting to the nearest ½ hour. If you only worked *one* assignment that day lasting less than 2 hours, follow the 2 hour minimum, billing to the ½ hour thereafter.
- 6) Email directly to Lindsey Ganey (l.ganey@northeastern.edu).

www.northeastern.edu/drc V: (617) 373 2675 F: (617) 373 7800