

SIGN LANGUAGE INTERPRETER REQUEST

Completed forms must be received 3 work days prior to the date that service is required. Late requests may not be filled due to contractor availability. Interpreter requests must be canceled two (2) work days prior to the scheduled event or the requesting organization will be responsible for paying for the service. Please email completed forms to *sarah.dallis.2@us.af.mil*.

1. NAME		PHONE	
		2a. VOICE	2b. TTY
3. ORGANIZATION	4. SUPERVISOR'S NAME AND TITLE		5. PHONE

6. SUPERVISOR'S APPROVAL MUST BE OBTAINED PRIOR TO SUBMITTING THIS FORM TO THE SIGN LANGUAGE INTERPRETER PROGRAM MANAGER. FAILURE TO OBTAIN SUPERVISOR'S APPROVAL PRIOR TO SUBMISSION MAY RESULT IN DISCIPLINARY ACTION.

SUPERVISOR'S APPROVAL FOR THIS SIGN LANGUAGE INTERPRETER REQUEST HAS BEEN OBTAINED.
(This block must be checked. Supervisor's signature is not required)

7. DATES AND TIMES INTERPRETER NEEDED <i>(Indicate the starting and ending times for each date the interpreter is needed-1 month per form. Dates for multiple months should be processed on a separate form for each month)</i>		8. LOCATION OF SERVICES	
		AREA/GATE	
		BUILDING	
		DOOR/POST/ROOM	
9. DATE REQUESTED	11. DATE RECEIVED BY 88 ABW/EO <i>(For EO Use Only)</i>		

10. PLEASE SPECIFY DIRECTIONS *(Please be specific)*

11. TYPE OF EVENT *(Please be specific. Classification Required)*
 Unclassified
 Controlled Unclassified (CUI)
 Classified

12. EQUIPMENT/SKILLS NEEDED

AUDIOVISUAL EQUIPMENT _____

COMPUTER _____

TRAINING TERMS _____

OTHER _____

13. TYPE OF INTERPRETING REQUESTED
 AMERICAN SIGN LANGUAGE
 PSE
 SIGNED ENGLISH
 ORAL

14. SPECIAL DETAILS/INSTRUCTIONS *(If you want to request a specific interpreter, please enter their name here. Requests are not guaranteed.)*

EO NOTES (EO Use Only)

DATE CONTRACTOR CONTACTED	DATE SERVICES CONFIRMED	INTERPRETER(S) ASSIGNED
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