

### LANGUAGE LINE TRANSLATION SERVICES UTILIZED

DERS Staff Name \_\_\_\_\_

DERS Staff DO# \_\_\_\_\_ Phone Number \_\_\_\_\_ Ext. \_\_\_\_\_

Customer's Name (*Person who received translation services*) \_\_\_\_\_

Client AJC Participant ID No. (*If applicable*) \_\_\_\_\_ Language Requested \_\_\_\_\_

Date of Translation Service	Time Call Started:	Time Call Ended:	Duration of Call ( <i>in minutes</i> )
_____	_____ A.M. P.M.	_____ A.M. P.M.	_____

*Please check the box next to the program with which you assisted the customer:*

- |   |   |
|---|---|
| <input type="checkbox"/> Wagner-Peyser (Employment Service)   | <input type="checkbox"/> Work Opportunity Tax Credit (WOTC) |
| <input type="checkbox"/> Disabled Veterans' Outreach Program (DVOP)   | <input type="checkbox"/> Federal Bonding Program (FBP)      |
| <input type="checkbox"/> Migrant Seasonal Farm Worker (MSFW) Program  | <input type="checkbox"/> Foreign Labor Certification (FLC)  |
| <input type="checkbox"/> The Jobs Program – DES staff only  | <input type="checkbox"/> Trade Adjustment Assistance (TAA)  |
| <input type="checkbox"/> Supplemental Nutrition Assistance Employment & Training (SNA E&T) – DES staff only |   |
| <input type="checkbox"/> CCA  | <input type="checkbox"/> UI Tax                             |

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DID YOU EXPERIENCE ANY DIFFICULTIES WITH THE SERVICES PROVIDED OR THE TRANSLATOR (*Explain*):

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Send completed form to the Outlook e-mail address: [DERSPROGRAMSTRANSLATION@AZDES.GOV](mailto:DERSPROGRAMSTRANSLATION@AZDES.GOV)  
for reconciliation against the Language Line invoice.