

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:

- | | |
|--|------------------------------------|
| Wagner-Peyser (Employment Service) | Work Opportunity Tax Credit (WOTC) |
| Disabled Veterans' Outreach Program (DVOP) | Federal Bonding Program (FBP) |
| Migrant Seasonal Farm Worker (MSFW) Program | Foreign Labor Certification (FLC) |
| The Jobs Program – DES staff only | Trade Adjustment Assistance (TAA) |
| Supplemental Nutrition Assistance Employment & Training (SNA E&T) – DES staff only | |
| Reemployment Services and Eligibility Assessment (RESEA) | |
| CCA | UI Tax |

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

Send completed form to the e-mail address: DERSPROGRAMSTRANSATION@AZDES.GOV
 for reconciliation against the Language Line invoice.