

Audit Worksheet for Multilingual Compensation

Administrative Procedure 3-34

Department: _____ Unit: _____ PCN: _____

Employee Name: _____ EIN: _____

Audit Period: _____
(Note: Must be 10 consecutive workdays. PP 8-102.3)

Employee's Regular Work Schedule (check boxes):
 Mon Tue Wed Thurs Fri Sat Sun

Standard Hours per week: _____

Date of Service	Customer/Client Receiving Service	Type of Service Provided	Starting Time	Ending Time	Total Time	Comments
Total minutes Providing Foreign Language Services spent for this sheet:						
Total Minutes Providing Foreign Language Services for the 10-Workday Audit Period:						
Percentage of Total Time Spent Providing Foreign Language Services vs Total Hours Worked in the Audited 10 Consecutive Workdays:						

Attach additional forms as necessary

By my signature, I, the employee, certify that I performed the multilingual services indicated and that the times, totals and percentages are correct.

Employee's Signature

Date

By my signature, I, the supervisor, certify that the above named employee performed the multilingual services indicated and that the times, totals and percentages are correct.

Supervisor's Signature

Date

Print Supervisor's Name