PIMA COUNTY
HUMAN RESOURCES

Pima County Multilingual Use Audit Worksheet

Department: _____ Unit: _____ PCN: _____

Employee Name: _____ EIN: _____

Audit Period: _____
(Note: must be 10 consecutive work days)

Customer/Client Receiving Service	Type of Service Provided	Time Call/ Translation Began	Time Call/ Translation Ended	Time Spent Providing Bilingual Translation	Remarks/Comments
Total Time Spent :					
Percentage of Total Time Spent Providing Services vs Total Hours Worked for 10 day audited period:					

Attach additional forms as necessary.

_____
Employee Signature/Date

By my signature, I certify that the above named employee performed the translation services indicated.

_____
Supervisor's Signature Date

_____
Print Supervisor's name

Distribution: Original: Maintained with Department file (subject to audit)
Copy: attached to Foreign Language Proficiency Examination Request form