

Department of Communicative Disorders and Deaf Studies

California State University, Fresno
Phone # 559-278-2423, Fax # 278-5187

Campus Request for Sign Language Interpreter

Requested By: _____ Date/Time _____

Dept. Name: _____

Contact Name: _____ Phone: _____

Email: _____

Event Name: _____

Location: _____

Details re: Event: _____

Day of Event: Mon Tues Wed Thur Fri Sat Sun

Date of Event: _____ Time In: _____ Time Out: _____

Details re: User of Services: Staff Faculty Group Open

Instructions: Submit to CDDS Office within one week of event by fax, drop off at PHS 252 or e-mail to the CDDS office at kabarajas@csufresno.edu.

It is the responsibility of the sponsoring organization of any event, program, or activity, to arrange and pay for requested interpreting services. Please provide your chartfield information. If you pay using Foundation or Association funds leave the chartfield balnk, sign and date this form, attach a Purchase Order and return.

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Account	Fund	Dept	Program	Class	Project	%	\$ Amt	Initials	Date
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Rate Per Hour: \$45-\$70.

For further information please refer to the Accessibility Website:

Accessible Event Planning Guide: <http://www.fresnostate.edu/accessibility/event/guide.html>

CDDS Staff Use Only

Status: Filled Cancelled Request Completed By: _____

Interpreter(s) Assigned: _____