



MOSAIC INTERPRETATION ASSIGNMENT REPORT

The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the *Employment and Assistance Act* and the *Employment and Assistance for Persons With Disabilities Act*. The disclosure of personal information is subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. Any questions about the collection, use or disclosure of this information on this form should be directed to your local Employment and Assistance Office.

Office Code	Date of Appointment	TIME: From:	To:
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CLIENT NAME: FIRST NAME	LAST NAME
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LANGUAGE	MOSAIC REFERENCE NO. (filed by interpreter)
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MINISTRY WORKER	INTERPRETER REQUESTED BY <input type="checkbox"/> SDSI <input type="checkbox"/> CLIENT
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TYPE OF APPOINTMENT	<input type="checkbox"/> ASSISTANCE	<input type="checkbox"/> FAMILY AND CHILDREN SERVICES
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1. INTERPRETER CAME / CLIENT DID NOT:

2. CLIENT CAME / INTERPRETER DID NOT:

3. CLIENT / INTERPRETER CAME / WORK NOT AVAILABLE:

COMMENTS:

EMPLOYEE SIGNATURE (EAW, DS, SW)

INTERPRETER SIGNATURE

TO INTERPRETER: PLEASE RETURN THIS FORM TO:

**MOSAIC
1720 GRANT STREET
VANCOUVER, B.C. V5L 2Y7**

BEFORE THE END OF THE CURRENT MONTH.

PRINT NAME

DATE (YYYY MMM DD)

CLIENT SIGNATURE

PRINT NAME

DATE (YYYY MMM DD)