

**Mississippi Department of Education  
Office of Special Education  
Request For Educational Interpreter(s)  
2018-2019**

Revised August 2017

<b>District Name:</b> Midnight County School District	<b>District Code:</b> 9988	<b>Update Information</b> _____ <b>yes</b> _____ <b>no</b>
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Interpreter Name	Date Hired	FT/PT	Days of Service	Provisional (P)	Regular (R)	Student (S)	License Expires	Registration Expires	Allocated Amount	Additional Funding
Janie Doe	8/7/2018	FT	187		R158		5/31/2019	8/16/2019		
<i>Example</i>										

I hereby certify that the above information is accurate and will be revised, as necessary. I understand that reimbursement for a full-time interpreter will not exceed the allocated amount from the Office of Special Education per a regular school year. I also certify that funds requested will only be utilized to pay the salary cost for an interpreter(s) to provide a communication link for deaf or hard-of-hearing students based on the mandates under the 2004 Amendments to the Individuals with Disabilities Education Act.

Joe Millionaire \_\_\_\_\_  
**Superintendent's Signature**

9/8/2018 \_\_\_\_\_  
**Date**

**Approved by Mississippi Department of Education, Office of Special Education**

Number Requested	Number Approved	Total Amount of Reimbursement

\_\_\_\_\_ **MDE-OSE Consultant**

\_\_\_\_\_ **Date**

\_\_\_\_\_ **Division Director of District Fiscal Services**

\_\_\_\_\_ **Date**

\_\_\_\_\_ **Office Director, District Fiscal Services**

\_\_\_\_\_ **Date**