



**DEPARTMENT OF EDUCATION  
DIVISION OF VOCATIONAL REHABILITATION  
SIGN LANGUAGE INTERPRETER SERVICES**

**SLI ANNUAL EMPLOYEE/CONTRACTOR REPORT FOR GROUP AGENCY  
DUE JULY 1st OF EVERY YEAR**

**Provider Name:** \_\_\_\_\_  
**Vendor (Federal tax ID):** \_\_\_\_\_  
**Date:** \_\_\_\_\_

List **ALL** interpreters providing direct services, and any staff changes that have occurred since the previous reporting period. Staff changes include any interpreter(s) added to or deleted from the Employee Roster of the VR Background Screening Clearinghouse\*. A deleted interpreter will not be completely removed from the Clearinghouse. Assignments cannot be issued to a deleted interpreter or to an interpreter that has not been approved and background screened.

413.208(2) requires Administrators, Chief Financial Officers and Directors be background screened. Has there been changes in personnel for any these positions since the last reporting period?  YES  NO  
 If YES, these person(s) must be background screened. Contact VR Vendor Registration for further details.

| Interpreter Name | New Since Last Report?                                   | Date Added | Date Deleted |
|------------------|--|------------|--------------|
|                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |            |              |
|                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |            |              |
|                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |            |              |
|                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |            |              |
|                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |            |              |
|                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |            |              |
|                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |            |              |
|                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |            |              |
|                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |            |              |
|                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |            |              |
|                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |            |              |
|                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |            |              |
|                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |            |              |
|                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |            |              |

**\*Maintaining your employee roster in the Clearinghouse is a requirement of Florida Statute 435.12(2)(c).  
 Submit Report to [vrvendors@vr.fldoe.org](mailto:vrvendors@vr.fldoe.org) or via fax 850-245-3394**