

**PASADENA CITY COLLEGE
OFFICE OF HUMAN RESOURCES-C204
SIGN LANGUAGE INTERPRETING SERVICES REQUEST FORM**

Pasadena City College is committed to providing reasonable accommodations for individuals with disabilities. Please use this form if you desire an accommodation related to deaf or hard of hearing. Please submit the form at **least 10 working days** before the event to ensure availability.

NOTE: LifeSigns provider has a 25-hour cancellation policy on appointments of two hours or less and a 49-hour cancellation policy on appointment lasting longer than two hours.*

Today's date: _____

Time: _____

Employee requesting Service: _____

Employee's division: _____

**Employee's contact number
or email address:** _____

Date Services are requested: _____

Start time: _____

End time: _____

Location/Room number: _____

**Nature of assignment
(meeting, in-service, etc.):** _____

**Special Notes/Additional
Comments:** _____

Approval: _____ **Date:** _____
Director, Human Resources

***Please Note Late Cancellation or Noncancellation Policy:** For late cancellation or no cancellation notification by the timeline noted above, services will be billed to the requesting division/department.