

**De Anza College Deaf Services**  
**Substitute Interpreter / Captioner Request**  
 Submit requests 10-working days in advance.

**Requested By:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

**Date Need Sub:** \_\_\_\_\_

**Day:**    **M**        **T**        **W**        **Th**        **F**

Class / team	Start / end time	Student	Room #	Class Type	Substitute Assigned
				Lecture Lecture/Lab      Lab Tutoring	
				Lecture Lecture/Lab      Lab Tutoring	
				Lecture Lecture/Lab      Lab Tutoring	
				Lecture Lecture/Lab      Lab Tutoring	
				Lecture Lecture/Lab      Lab Tutoring	