Ensure that the most current form is submitted. Refer to EMACS Forms/Procedures website.



## **BILINGUAL COMPENSATION REQUEST**

Level I (Verbal)

Must print in Black of	or Blue ink ONLY										
Employee ID	Rcd No.	Last Name, First Name									
			Addres	s, City,	State, Zip C	ode					
Home Telephone					Business/Message Telephone						
Position No.		Position Type									
		Regula	ır _	☐ Recurrent ☐ Extra-Help ☐ Contract						ontract	
Union Code	Job Co	de Job Code Title									
Company		Department/Division							Department ID		
Language Required									Effective Date (first day of Pay Period)		
Department Contact (Print Name and Title)						Mail Code			Telephone		
The appointing authority's signature below certifies the above-named employed verbal translation in this department.  Appointing Authority or Designee Signature  To							elephone			Date	
Payroll Specialist (Print & Sign)									Telephone		
This document/form incorporates use of e-signature(s) in accordance with the San Bernardino County Policy #03-12 and Standard Practice 1.  Office Use Only											
EMPLOYMENT DIVISION CERTIFICATION											
Approved Denied Comments:											
Written Test Da	ate:	☐ Pass ☐ Fail			Oral Test Date:			☐ Pass ☐ Fail			
Billed Date:		Billed Date:			Billed Date:			Billed Date:			
Human Resource Signature:								Date:			
Earnings Code: BL2 – Verbal Action: Pay Rate Change Reason							Assign Additional Pay				
This document/form incorporates use of e-signatures in accordance with the San Bernardino County Policy #03-12 and Standard Practice 1.  Keye (Emplo										Date	
DISTRIBUTION: Original – Employment-HR (0440)											