



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

BILINGUAL QUESTIONNAIRE/JUSTIFICATION

Level II (Written) or Level III (Technical)

Must print in Black or Blue ink ONLY

Employee ID	Rcd No.	Last Name, First Name			
Position No.	Position Type			Business Telephone	
	<input type="checkbox"/> Regular	<input type="checkbox"/> Recurrent	<input type="checkbox"/> Extra-Help		
Union Code	Job Code	Job Code Title			
Company	Department/Division			Department ID	Mail Code
Level Requested <i>(refer to Bilingual Compensation procedure)</i>					
<input type="checkbox"/> II - Written Translation			<input type="checkbox"/> III – Technical Translation		

TO BE COMPLETED BY THE EMPLOYEE

Supervisor Name	Title	Telephone
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In what second language do you communicate fluently?
Describe the function of your work unit:
Provide a description of your duties: (Indicate any special factors or aspects of your position that requires the use of a second language.)
On the job, how often do you verbally translate English to a second language and vice versa? <input type="checkbox"/> Daily ____% <input type="checkbox"/> Weekly ____% <input type="checkbox"/> Monthly ____%
On the job, how often do you perform written translation from English to a second language and vice versa? <input type="checkbox"/> Daily ____% <input type="checkbox"/> Weekly ____% <input type="checkbox"/> Monthly ____%

TO BE COMPLETED BY THE EMPLOYEE (Continued)

Complete the following questions ONLY if you are applying for Level III:

Do you perform language translations using medical or legal terminology? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type? <input type="checkbox"/> Legal or <input type="checkbox"/> Medical If yes, how often? <input type="checkbox"/> Daily _____% <input type="checkbox"/> Weekly _____% <input type="checkbox"/> Monthly _____%
Describe the legal or medical environment in which you work.
Provide several examples of typical technical (medical/legal) English words in context for which you must translate into a second language.

I certify that the above entries are accurate and complete.

Employee Signature	Date
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TO BE COMPLETED BY THE REQUESTING DEPARTMENT

Are there other employees in this unit performing the same or similar duties who are now receiving bilingual compensation? Yes No.

If yes, identify the employees and the level of the compensation that they are receiving:

Employee Name(s)	Level(s)

Appointing Authority or Designee (Print & Sign)	Telephone	Date
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Office Use Only

EMPLOYMENT DIVISION CERTIFICATION

<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Effective Date:	Comments:
Written Test Date:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Oral Test Date: <input type="checkbox"/> Pass <input type="checkbox"/> Fail
Human Resource Signature:		Date:

This document/form incorporates use of e-signatures in accordance with the San Bernardino County Policy #03-12 and Standard Practice 1.