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



BILINGUAL ASSESSMENT AND COMPENSATION REQUEST NON-REGULAR TEAMSTERS

Level I (Verbal), Level II (Written), or Level III (Technical)

Must print in Black of Employee ID	Rcd No.										
Address, City, State, Zip Code											
Home Telephone					Business/Message Telephone						
Position No.		Classification Group									
	🗌 LV	N Per [Diem 🔲 Contract RCI	PII [Medical Imaging*	Per Diem	Teamsters*				
Union Code	Job Co	ode Job Code Title									
Company			Dep	artment ID							
Level Requested											
🗌 I - Verbal Translation 🛛 🗌 II - Written Translation ** 🛛 🛛 III – Technical (Medical / Legal) Translation**											
		ective Date ay of Pay Period)									
Previously Tested			Test Type			Date of	Previous Test				
□Yes	🗌 No		🗌 Oral 🔄 W	ritten	Technical						
Depar	tment Cont	act (Pr	int Name and Title)		Mail Code	Te	elephone				
Appoir		Date									
	Te	elephone									

Office Use Only

EMPLOYMENT DIVISION CERTIFICATION

Approved	Denied	Comments:							
Written Test Date:		🗌 Pass 🔲 Fail		Oral Test Date:		🗌 Pass 🔲 Fail			
Human Resource S	Signature:			Date:					
Earn Code:	□ BLV – Verbal 0.62/hr.		BLW – Written 0.69/hr.		BLT – Technical 0.75/hr.				

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

DISTRIBUTION: Completed Request** - <u>Employment@hr.sbcounty.gov</u>

Approved Request – EMACS-HR and designated Payroll Specialist

* Please refer to Appendix F and Appendix G of the 2023-2027 Teamsters MOU regarding the eligible job classifications.

** A Bilingual Questionnaire/Justification form must be completed for processing Level II and III translation requests.