



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

BILINGUAL ASSESSMENT AND COMPENSATION REQUEST

Level II (Written) or Level III (Technical)

Must print in Black or Blue ink ONLY

Employee ID	Rcd No.	Last Name, First Name	
Address, City, State, Zip Code			
Home Telephone		Business/Message Telephone	
Position No.	Position Type		
	<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
Level Requested			
<input type="checkbox"/> II - Written Translation <input type="checkbox"/> III – Technical Translation for: <input type="checkbox"/> Medical or <input type="checkbox"/> Legal			
Language Required			Effective Date <small>(first day of Pay Period)</small>
Previously Tested	Type		Date of Previous Test
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Oral <input type="checkbox"/> Written <input type="checkbox"/> Technical		
Department Contact (Print Name and Title)		Mail Code	Telephone
Appointing Authority or Designee Signature		Telephone	Date
Payroll Specialist (Print & Sign)			Telephone

Office Use Only

EMPLOYMENT DIVISION CERTIFICATION

<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Comments:	
Written Test Date:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Oral Test Date:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Billed Date:	Billed Date:	Billed Date:	Billed Date:
Human Resource Signature:			Date:
Earnings Code: <input type="checkbox"/> BL3 – Written <input type="checkbox"/> BL4 – Technical	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.

DISTRIBUTION: Original – Employment-HR (0440)

Rev. 02/15/2024

Keyed By <small>(Employee ID)</small>	Date
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(Bilingual Assessment and Compensation Request
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