



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)

Initiate

Promotion

Position # Change

<b>Language Required</b>			<b>Effective Date</b>		
<b>Employee ID</b>	<b>Rcd No.</b>	<b>Last Name, First Name</b>			
<b>Address, City, State, Zip Code</b>					<b>Personal Telephone</b>
<b>Position No.</b>	<b>Position Type</b>				
	Regular	Recurrent	Extra-Help	Contract	
<b>Union Code</b>	<b>Job Code</b>	<b>Job Code Title</b>			
<b>Company</b>	<b>Department/Division</b>			<b>Department ID</b>	
<b>Level Requested</b>					
II – Written Translation		III – Technical Translation for:		Medical	Legal
<b>Previously Tested</b>		<b>Type</b>			<b>Previous Test Date</b>
Yes	No	Oral	Written	Technical	
<b>Department Contact (Print Name and Title)</b>			<b>Mail Code</b>	<b>Telephone</b>	
<b>Appointing Authority or Designee Signature</b>			<b>Telephone</b>	<b>Date</b>	
<b>Payroll Specialist (Print &amp; Sign)</b>					<b>Telephone</b>

**Office Use Only**

**EMPLOYMENT DIVISION CERTIFICATION**

Approved	Denied	Comments:	
Written Test Date:		Pass	Fail
Oral Test Date:		Pass	Fail
Billed Date:		Billed Date:	
Human Resource Signature:			
Earn Code:		Action: Pay Rate Change	Reason: Assign Addl Pay

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

<b>Keyed By</b>	<b>Date</b>

**DISTRIBUTION:** Email: [Bilingual-Requests@hr.sbcounty.gov](mailto:Bilingual-Requests@hr.sbcounty.gov)