



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>	
	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**

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

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