



## BILINGUAL COMPENSATION REQUEST

### Level I (Verbal)

Initiate                      Promotion                      Position # Change

<b>Language Required</b>			<b>Effective Date</b>
<b>Emp ID</b>	<b>Rcd No.</b>	<b>Last Name, First Name</b>	
<b>Address, City, State, Zip Code</b>			
<b>Home Telephone</b>		<b>Business/Message 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</b>		<b>Dept ID #</b>
<b>Department Contact (Print Name and Title)</b>		<b>Mail Code</b>	<b>Telephone</b>

**Note:** Certain departments require assessment through an oral examination

The appointing authority's signature below certifies the above-named employee has satisfactorily performed bilingual verbal translation in this department.

<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:		
Date Previously Tested:		Type: Oral	Written	Technical
Written Test Date	Pass	Fail	Oral Test Date:	Pass      Fail
Billed Date:	Billed Date:		Billed Date:	
Human Resource Signature:			Date:	
Earnings Code:	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.

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