



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

# BILINGUAL ASSESSMENT AND COMPENSATION REQUEST

## SAFETY UNIT AND SAFETY MANAGEMENT & SUPERVISORY UNIT

### EMPLOYEE CONTACT INFORMATION

(This information is used for bilingual examination scheduling and maintained in confidence.)

Must print in Black or Blue ink ONLY

<b>Employee 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>Union Code</b>	<b>Job Code</b>	<b>Job Code Title</b>	
<b>Company</b>	<b>Department</b>		<b>Station/Division</b>	<b>Department ID</b>
<b>Language Required</b>				<b>Effective Date</b> <i>(first day of Pay Period)</i>
<b>Employee Signature</b>				<b>Date</b>
<b>Department Contact (Print Name and Title)</b>			<b>Mail Code</b>	<b>Telephone</b>
<b>Appointing Authority or Designee Signature</b>				<b>Date</b>

**Office Use Only**

### EMPLOYMENT DIVISION CERTIFICATION

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Comments:		
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: BL5-Safety		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.

<b>Keyed By</b> (Employee ID)	<b>Date</b>
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DISTRIBUTION: Original – Employment-HR (0440)