

REQUEST FOR LANGUAGE REQUIREMENT



CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF HUMAN RESOURCES

Instructions: Complete and attach this form to the Request to Fill (RTF) Electronic Service Request (ESR). When saving this form, please use the following naming convention: RTF\_Lang\_Department Code (3 digit alpha code)\_Job Code\_Position Number (PeopleSoft Position Number)\_Date (MMDDYY).

Example: RTF\_Lang\_DHR\_1234\_12345678\_072712

Date of Request: \_\_\_\_\_

Department Contact: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

SECTION I: DEPARTMENT AND POSITION INFORMATION

Department Code: \_\_\_\_\_ Dept. #: \_\_\_\_\_ Division: \_\_\_\_\_ Section: \_\_\_\_\_

Work Location: \_\_\_\_\_ Job Class: \_\_\_\_\_ Job Title: \_\_\_\_\_

Incumbent's Name: \_\_\_\_\_

Request Type: \_\_\_\_\_ Language: \_\_\_\_\_

SECTION II: DESCRIPTION AND FUNCTION

Describe the function of the Division/Unit.

List all the duties that the employee filling this particular position will perform, the approximate hours per week for each duty, and the estimated hours that the employee will be required to use the requested language.

Table with 3 columns: Duties (Provide a description of requirement to speak, read or write) Language, Hours/Week, Hours in Requested Language. Includes 10 rows of blank lines for data entry.

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## SECTION III: JUSTIFICATION FOR LANGUAGE REQUEST

Give justification for this language request.

Provide documentation that can justify that the need for bilingual services exists. If applicable, attach examples of documents employees need to review and translate.

Does this position replace another position which had a bilingual requirement?     Yes     No

If yes, provide CSC # \_\_\_\_\_ Dept. #: \_\_\_\_\_ Status of Position: \_\_\_\_\_

Provide how the department will document the employee's use of the requested language.

List **all** positions, whether filled or vacant, that are assigned to the same work location to provide bilingual services in the requested language.

| <u>Name</u> | <u>Class</u> | <u>Designated B/L Position</u> | <u>Receiving Interpreter Pay?</u> |
|-------------|--------------|--------------------------------|-----------------------------------|
| _____       | _____        | _____                          | _____                             |
| _____       | _____        | _____                          | _____                             |
| _____       | _____        | _____                          | _____                             |
| _____       | _____        | _____                          | _____                             |
| _____       | _____        | _____                          | _____                             |
| _____       | _____        | _____                          | _____                             |
| _____       | _____        | _____                          | _____                             |
| _____       | _____        | _____                          | _____                             |

## REQUEST FOR LANGUAGE REQUIREMENT

Describe how the duties requiring bilingual proficiency have been previously performed and the name of previous incumbent and class #.

### SECTION VI: DEPARTMENT CERTIFICATION

*I certify that this position requires bilingual proficiency and that the information provided above is accurate, to the best of my knowledge.*

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Appointing Officer of Designee Signature

Date

Notes: