

REQUEST FOR LANGUAGE REQUIREMENT

Submit this form, supporting documentation, and the appropriate requisition to Department of Human Resources, EEO Division, 1 South Van Ness Avenue, 4th floor.

DEPARTMENT: _____

DEPT REQ #: _____

DIVISION/UNIT: _____

CSC REQ #: _____

WORK LOCATION: _____

CLASS/TITLE: _____

LANGUAGE: _____

INCUMBENT'S NAME: _____

STATUS: PCS TCS LT NCS PE TE

IMMEDIATE SUPERVISOR: _____

PHONE: _____

- Briefly describe the function of the Division/Unit.
- List all of 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.

<u>Duties</u>	<u>Hrs/Week</u>	<u>Hrs in Requested Language</u>
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- Give justification for this request (e.g. clientele, students, etc.).
- What documentation can the department provide to justify that the need for bilingual services exists? (e.g. surveys, logs, etc.) Attach documentation.

5. Does this requisition replace another requisition which had a bilingual requirement? Yes No.
If 'Yes', CSC Rq #: _____; Dept Req #: _____ status of requisition: _____
6. How will the department document employee use of the requested language?
7. List all positions, whether filled or vacant, that are assigned to the same work location to provide bilingual services in the requested language.

<u>CLASS</u>	<u>DHR RQ#</u>	<u>NAME (or 'vacant')</u>	<u>DESIGNATED B/L POSITION</u>	<u>RECEIVING INTERPRETER PAY?</u>
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8. How have the duties requiring bilingual proficiency described in #2 above previously been performed?
By whom? (Name and class #)

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

PRINT NAME: _____ PHONE: _____
 _____ TITLE: _____
 Signature of Appointing Officer or Designee

FOR DHR USE ONLY

<input type="checkbox"/> Approved by EEO Division staff, subject to DHR approval <input type="checkbox"/> Not approved	
REASON: _____	
Has incumbent been tested for bilingual proficiency?	
<input type="checkbox"/> YES, Date: _____ <input type="checkbox"/> NO	
EEO STAFF SIGNATURE: _____	DATE: _____
For DHR Certification Use: _____	