



Sacramento  
Employment and  
Training  
Agency

### REQUEST FOR LANGUAGE CERTIFICATION

Name: \_\_\_\_\_

Classification: \_\_\_\_\_

Site/Location: \_\_\_\_\_

Telephone: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Language(s): \_\_\_\_\_

Able to: \_\_\_\_\_ speak and/or \_\_\_\_\_ write

I am requesting to be evaluated for bilingual abilities in the above language(s). I understand that if the Agency has a need to provide this language service, I may be invited to take an exam for bilingual skills. I agree that if I pass the exam I am willing to provide language translation for scheduled events and immediate needs, with the approval of my immediate supervisor.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

*Please return form to Kelly Erickson, Personnel Clerk, at  
kelly.erickson@seta.net*