



REQUEST FOR LANGUAGE CERTIFICATION

Name: _____

Classification: _____

Site/Location: _____

Site Phone: _____

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 Michelle Rico, Personnel Clerk, at michelle.rico@seta.net