



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 Rhonda Woods, Personnel Clerk