



## SAN BERNARDINO COUNTY WORKFORCE DEVELOPMENT DEPARTMENT

### Request for Translation & Interpretation Services Form

#### SECTION I: STAFF INFORMATION

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

#### SECTION II: SERVICE REQUEST Complete this section in its entirety.

Request for: ☐ Interpreter ☐ Written Translation ☐ Other: \_\_\_\_\_

Language: \_\_\_\_\_

Date of Service: \_\_\_\_\_ Time of Service: \_\_\_\_\_

Service Requested for (Last, First): \_\_\_\_\_ SS (last 4): \_\_\_\_\_

Service Location: \_\_\_\_\_

#### Complete Address of Service Location:

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**\*\* After completion of the above information, submit to AJCC management for approval and coordination of service \*\***

Authorized by Supervisor/Manager (Sign & Print): \_\_\_\_\_ Date: \_\_\_\_\_

#### SECTION III: CANCELLATION/RESCHEDULE SECTION

☐ Please cancel this service request.

In the event of a cancellation or reschedule, send this RTIS form to the provider at least one (1) full business day prior to the scheduled appointment in order to minimize charges to the county. If the appointment needs to be rescheduled a new RTIS must be completed and submitted.

#### SECTION IV: CONTRACTOR RESPONSE CONFIRMATION

Complete and return to SB County staff within 24 hours of the request.

Date Referral Received: \_\_\_\_\_ Agency Name: \_\_\_\_\_

Interpreter Selected and Scheduled for Appointment: ☐ Yes ☐ No

If marked no, please provide a reason in comments.

Interpreter Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Comments: \_\_\_\_\_

Quote hourly rate for languages not listed in the contract (for Auditing Info Only): \_\_\_\_\_

#### SECTION V: BILLING

Billing of Translation & Interpretation Services for the Workforce Development Department are to be sent with a completed copy of this form to:

**Workforce Development Department Administration**

**290 North D Street, Suite 600**

**San Bernardino, CA 92415-0046**

**Attn: Program Specialist**

*This WIOA Title-I financially assisted program or activity is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.*