



Date: _____ Requestor: _____

Office/Unit: _____ Telephone: _____

Title of Document: _____ Number of Words: _____

Supervisor Name: _____ Cost Center: _____

Checking this box provides approval for OCCES to charge the cost of translation, if outside vendor is necessary of this document to the cost center listed above.

Description of Document: *(Please submit an editable document, i.e. Word, Excel, PowerPoint, or Publisher. No PDFs.)*

- Letter
- Informational Material
- Form
- Other _____

Service Request: *(Service Requests may take up to 10 business days to complete.)*

- Translation
- Proof Reading

Language Requested:

- English
- Spanish
- Vietnamese
- Other _____

By submitting this form you are agreeing to the following:

- No staff available for translation in region or specialized program.
- Document too lengthy /legal/technical for staff.
- Public Information Officer has approved this document (Informational Material Only)
- Special instructions for OCCES-please include at the end of the justification
- Form has been sent in the desired format

Justification: _____

Submit this form electronically to the [DBH - Cultural Competency](#) global email.

OCCES Office Use Only

Date: _____ Follow Up Date: _____ Log Number: _____

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