



Translation Service Request

Date: _____ Requestor: _____

Program/Unit Name: _____ Telephone: _____

Title of Document: _____ Number of Words: _____

Supervisor Name: _____ Cost Center: _____

- ☐ *Checking this box provides approval for the Office of Equity and Inclusion (OEI) to charge the cost of translation to the Cost Center above, if an outside vendor is necessary.*

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

- ☐ Letter ☐ Form ☐ Informational Material
☐ Other: _____

Service Request:

- ☐ Translation
☐ Proof Reading

Note: Requests may take up to 10 business days to complete. If needed sooner than 10 business days, please include that in the special instructions section below.

Language Requested:

- ☐ English ☐ Spanish ☐ Vietnamese
☐ Mandarin ☐ Other _____

Note: Use other to request audio, braille, large print, accessible electronic.

By submitting this form, you are agreeing to the following:

- No staff available for translation in region or program.
- Document too lengthy/legal/technical for staff.
- Public Relations and Outreach (PRO) has approved this document (Informational Material Only)
- Form has been sent in the desired format

Justification and Special instructions: _____

Submit this form electronically to DBH - OEI at dbh-languageservices@dbh.sbcounty.gov

OEI Office Use Only

Date: _____ Completion Date: _____ Log Number: _____

Quoted Expense: _____ Invoiced Amount: _____ Staff Initial: _____

Interpreter/Translator: _____ DBH Proofread Staff: _____

Date Confirmed with Program/Requestor: _____