



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 processed through an outside vendor may take up to 10 business days to complete. OEI staff will return the translated and proofread material(s) within 60 working days after receiving the original request. If needed sooner than 60 working 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: _____