



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 _____

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 Cultural_Competency@dbh.sbcounty.gov

OEI Office Use Only

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

Completion Date: _____ Staff Initial: _____