CALIFORNIA STATE PERSONNEL BOARD

801 Capitol Mall Sacramento, CA 95814 | www.spb.ca.gov

Governor Gavin C. Newsom

LANGUAGE ASSISTANCE REQUEST FORM

† Appellant Name:	† SPB Case No:	† Date:
† Requestor Name:	† Requestor Is: ☐ Party ☐ Witness	

† Name of Person Submitting Request:	† Phone Number:	
† Street Address: (line one)		
† Street Address: (line two)		
† City:	† State:	† Zip Code:

† Location of Hearing or Conference:	† Date interpreter is needed:
† Language:	Regional Dialect: (if applicable)

† Denotes required field

All hearings are conducted in English. Requests for language assistance must be made no later than 15 days before the date of the hearing.

Please submit this completed form via email to appeals@spb.ca.gov. This form may also be submitted via regular mail to the State Personnel Board, Appeals Division, 801 Capitol Mall, Sacramento, CA 95814 or by fax to (916) 654-6055.

By signing and dating below, I certify that the information on this form is correct.

Signature: **Date:**

Electronic signature accepted pursuant to Cal. Code of Regs., tit. 2, § 52.1 (c)

Submit

This form is provided for requests for language assistance, pursuant to Cal. Code of Regs., tit. 2, § 58.9, for parties or witnesses who cannot speak or understand English or who can do so only with difficulty.