CALHR
CALIFORNIA DEPARTMENT OF HUMAN RESOURCES

Print Form
Reset Form

Language Survey Transmittal

California Department of Human Resources
State of California

Agency / Department Information

Agency / Department Name

Director's Name

Director's Signature

Date

Our agency/department has completed its Language Survey and verified accuracy of the data prior to submitting to the California Department of Human Resources.

Submit the following copies with this transmittal:

- Position Deficiency Analysis (if applicable)
- Actual Position Deficiency Corrective Plan (if applicable)
- "Units by Reporting Group/All Reporting Groups" Report
- Print out of Language Survey Responses

Language Survey Coordinator

Language Survey (LS) Coordinator's Name

Phone Number

LS Coordinator's E-Mail

LS Coordinator's Signature

Date

Language Survey Manager

LS Manager's Name

Phone Number

LS Manager's E-Mail

Submission

Send completed form and attachments to:

California Department of Human Resources
Office of Civil Rights
1515 S Street North Building, Suite 400
Sacramento, CA 95811

Or submit pdf by e-mail to: bilingual@calhr.ca.gov

Confirmation of receipt will be sent via email