



Department of Civil Service

PUBLIC INFORMATION OFFICE

Department of Civil Service
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LA-2 (04/2016)

NAME OF LIMITED ENGLISH PROFICIENT (LEP) CLIENT / RECIPIENT / REPRESENTATIVE

I have been told that I have a right to free interpretation from AGENCY/ORGANIZATION

I understand that I can have an interpreter at no cost to me or my family members

I understand that I am allowed to change my mind at any time and ACCEPT a free interpreter

I choose NOT to use a free interpreter at this time, and will instead utilize (unless this is an emergency situation, my interpreter is at least 18 years of age):

INSERT A PLAN FOR INTERPRETATION SERVICES

SIGNATURE\* DATE
LEP CLIENT / RECIPIENT / REPRESENTATIVE

NAME OF EMPLOYEE (PLEASE PRINT) DATE

EMPLOYEE SIGNATURE DATE

DIVISION/BUREAU

E-MAIL ADDRESS (AREA CODE) PHONE NUMBER

Whenever applicable: The interpreter named below has read this form to the LEP person in his or her primary language.

NAME OF THE INTERPRETER DATE

RELATIONSHIP TO CONSUMER

SIGNATURE OF INTERPRETER DATE

\*A signature is only needed if the contact with the LEP person or representative is in-person. Note: LEP persons are individuals who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English.