



Department of Civil Service

PUBLIC INFORMATION OFFICE

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LA-2 (04/2016)

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

[checkbox] I have been told that I have a right to free interpretation from [text box] AGENCY/ORGANIZATION

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

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

[checkbox] 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

[text box] SIGNATURE*

[text box] DATE

[checkbox] LEP CLIENT / [checkbox] RECIPIENT / [checkbox] REPRESENTATIVE

[text box] NAME OF EMPLOYEE (PLEASE PRINT)

[text box] DATE

[text box] EMPLOYEE SIGNATURE

[text box] DATE

[text box] DIVISION/BUREAU

[text box] E-MAIL ADDRESS

[text box] (AREA CODE) PHONE NUMBER

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

[text box] NAME OF THE INTERPRETER

[text box] DATE

[text box] RELATIONSHIP TO CONSUMER

[text box] SIGNATURE OF INTERPRETER

[text box] 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.