



GEORGIA DEPARTMENT OF CORRECTIONS

Office of Professional Standards

State Offices South at Tift College

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Forsyth, Georgia 31029

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Brian P. Kemp
Governor

Timothy C. Ward
Commissioner

**Limited English Proficiency (LEP) Plan
Language Interpreter Designation Form**

I, _____, (Employee Name) hereby give my permission for the Georgia Department of Corrections to use a language interpreter other than an appointed representative from within the agency for the purposes of communicating medical, personnel, or legal information on the date of service indicated. I understand that the interpreter will have access to my medical and personnel information, only through the interpretation of oral and/or written communications.

Language Required: _____

Employee Signature

Date:

Witness/Title

Date:

To be completed by Interpreter:

I, _____, (Interpreter Name), agree to accurately interpret written and/or verbal communications from the above referenced employee for appropriate Georgia Department of Corrections staff, agents, or representatives. I understand that my interpretation will remain confidential with all parties involved and that my official translation may be used in accordance with Georgia Department of Corrections internal investigations or third-party legal representation.

Interpreter Signature

Date:

Equal Opportunity Employer

Retention Schedule: Upon completion, this form shall be retained permanently in the employee's official and local personnel files.