



# Bilingual Pay Certification Request Form

This form must be completed and signed by the employee's supervisor, manager and department head and routed to your Payroll/Personnel Specialist (PRC) who will submit the form to the Human Resources (HR) Department for exam scheduling. **ALL FIELDS IN RED ARE REQUIRED.**

## EMPLOYEE AND POSITION INFORMATION

REQUESTING DEPARTMENT:

DIVISION:

EMPLOYEE NAME:

EMP ID:

PHONE NUMBER:

JOB PROFILE:

EMPLOYEE LOCATION:

NAME OF SUPERVISOR:

PHONE NUMBER:

**NATURE OF REQUEST:**

New Eligibility

Continuation of Eligibility (specify job change reason)

Promotion within same department

Promotion across budget unit

Transfer within same department

Transfer across budget unit

Outbound Department:

Other Reason

Please Specify: \_\_\_\_\_

**LANGUAGE REQUIRED:**

Spanish

Tagalog

Mandarin

Cantonese

Other Please Specify:

**CHECK ALL THAT APPLY:**

Read

Write

Speak

**JUSTIFICATION** – Provide a **brief but detailed** summary of the nature and purpose of bilingual job duties. No response is grounds for rejection of request by HR.

I hereby certify that I have reviewed and approve of the request to submit the above-named employee for bilingual examination. I understand that should employee pass examination, he/she is entitled to bilingual allowance of \$70/biweekly.

NAME OF MANAGER:

SIGNATURE:

DATE:

DEPT HEAD OR DESIGNEE:

SIGNATURE:

DATE:

## EXAM EVALUATION (EXAMINER ONLY)

### Evaluation Factors

Satisfactory

Unsatisfactory

Comprehension: Ability to understand and interpret correctly.

Responses: Length of time necessary to prepare and present a response.

Composition: Ability to translate in writing accurately accurately (if applicable).

Communication: Ability to communicate in second language accurately and comfortably.

NAME OF EXAMINER:

DATE OF EXAM:

SIGNATURE:

COMMENTS:

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## CERTIFICATION (HR ONLY)

The above-named employee is certified for Bilingual Differential Allowance. Effective date of allowance is:

BILINGUAL COORDINATOR NAME:

SIGNATURE: