BILINGUAL SALARY DIFFERENTIAL ALLOWANCE FORM

DEPARTMENT			DATE OF REQUEST
EMPLOYEE	CLASS TITLE		PHONE
DIVISION	SUPERVISOR		PHONE
NATURE OF REQUEST	☐ Eligibility	☐ Transfer	☐ Other

DEPARTMENT DESIGNATION

Position requires second language usage that is critical to office operations	Yes ☐	No ☐
Position required second language usage 20% or more of time and is eligible for Tier I salary differential (see MOU)	Yes ☐	No ☐
Position has a 50% or more non-English speaking caseload and is eligible for Tier II salary differential (see MOU)	Yes ☐	No ☐
Tier I to Tier II (already tested)	Yes ☐	No ☐

Language Required:
Nature and purpose of bilingual activities:

Signature of Department Head Date

BILINGUAL PROFICIENCY EXAMINATION

EVALUATION FACTORS	SATISFACTORY	UNSATISFACTORY
Comprehension: ability to understand and interpret correctly		
Responses: length of time necessary to prepare and present		
Composition: ability to translate in writing accurately		
Overall Rating: ability to communicate in English and second language		

Comments:

Examiner Date

CERTIFICATION

The above employee is certified for Bilingual Differential Allowance effective:

EEO Manager Date

CC: ***Employee's Personnel Department File***
Civil Service File
EEO Manager