

BILINGUAL REQUEST FORM

DATE OF REQUEST: _____
EMPLOYEE NAME: _____ EMP. ID #: _____
JOB CLASS TITLE: _____ CLASS CODE: _____
POSITION# _____ DIV: _____ FACILITY: _____
EMAIL ADDRESS: _____ PHONE: _____
IMMEDIATE SUPERVISOR: _____ PHONE: _____
PRINCIPAL SUPERVISOR: _____ PHONE: _____

LEVEL BEING REQUESTED (CHECK ONE ONLY):

LEVEL 1 (SPOKEN) _____ / LEVEL 2 (SPOKEN & WRITTEN) _____

LANGUAGE BEING USED: _____

HAS EMPLOYEE BEEN PREVIOUSLY CERTIFIED: YES _____ NO _____

IF YES, WHAT LEVEL WAS THE CERTIFICATION?

LEVEL 1 (SPOKEN) _____ / LEVEL 2 (SPOKEN & WRITTEN) _____

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TO BE COMPLETED BY HUMAN RESOURCES:

COALITION EAA/NON REP

EFFECTIVE DATE: _____ LEVEL: _____ AUTH #: _____

APPROVED BY: _____ DATE: _____

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Note: Positions (not people) have been identified by management as eligible for additional pay for using another language (bilingual pay).

Bilingual pay is only paid subject to approval by HR and effective on the date determined by HR.

Bilingual pay stops whenever an employee in an eligible position is reassigned.

When an employee who was receiving bilingual pay is reassigned to another position previously approved by HR as eligible for bilingual pay, that employee will *not* automatically continue to receive bilingual pay. Such situations require you, the supervisor(s), to complete and submit another Bilingual Request Form to HR for consideration.