

Bilingual Pay/Test Request Form

Section I - To be filled out by Supervisor and submitted to Human Resources

Date of Request:/...../.....

Department Information

Budget Unit:	
Department:	
Location:	

Requestor Information (Supervisor)

Name of Requestor:	
Job Title:	
Email Address:	
Phone Number:	

Employee Information

Employee Name:	
Employee ID #:	
Job Title:	
Job Code:	
Position Number:	
Shift:	

Language and Level Requested

Please check the language(s) being requested:

- Cantonese
- Hindi
- Mandarin
- Russian
- Sign Language
- Spanish
- Tagalog
- Vietnamese
- Other (please specify):

Language Level (please check the appropriate box below):

- Level One (1): Oral only
- Level Two (2): Oral, reading, and writing

Language Proficient Tests are approximately 1 to 1-1/2 hours long. Whenever possible, the Employee's schedule will be accommodated. Language Proficiency Tests are generally scheduled within two weeks of the request. The exact date, time, and location of the test will be emailed to the Employee and the immediate Supervisor.

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Bilingual Pay Justification

Identify which of the below criteria (a, b, and/or c) is applicable for the employee and check those that apply (**Employees represented by the SEIU Local 521 SSU and Supervisory Unit may also use d, e, or f**).

	a. Public contact requires continual eliciting and explaining of information in a language other than English; or
	b. Translation of written material in another language is a continuous assignment; or
	c. The position is the only one in the work location where there is a demonstrated need for language translation in providing services to the public; or
	d. One-of-a-kind language skill for caseloads; or
	e. Unique need of a geographic location or service when the total number of cases exceeds fifteen percent (15%) of the caseload for the worker in that location; or
	f. Intake position requirements.

Bilingual differentials may be removed when the criteria cease to be met for two (2) pay periods.

Please provide additional information as follows:

- a) A current organizational chart, including all classifications and indicating the number of employees in each classification, on each shift (if applicable). Highlight the position listed on this request.

- b) Indicate on the organizational chart which employees currently receive bilingual pay and for what language(s).

Departmental Approval

I certify that the information provided on this form is accurate.

Requestor's Signature:	
Date:	
Department Director's (or designee's) Signature:	
Date:	

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Section II - For Human Resources Department Use Only

A. The Bilingual Pay Request is:

- Approved
- Denied

Reason(s):	
Name of HR Reviewer:	
Signature of HR Reviewer:	
Date:	

B. Result(s) of the Bilingual Language Proficiency Test

Please check the appropriate box

- Passed Level One
- Passed Level Two
- Failed Level One
- Failed Level Two

Name of Assigned Tester:	
Date Test Completed:	
Signature of Tester:	