



BILINGUAL DESIGNATION/VALIDATION REQUEST FORM

FROM: _____ PHONE: _____ DATE: _____

Complete this form to designate a position and/or validate an employee as bilingual. This form can also be used to cancel a position's bilingual designation and/or an employee's bilingual status. Send this completed form to the appropriate Human Resources Services Manager upon completion.

Please note that in order for a position or an employee to be eligible to receive bilingual compensation, the bilingual skills must be required to perform the essential duties of a job, at least once a day or five times per week either verbally or in writing. In addition, the position must also be designated as requiring bilingual skills.

SECTION I: EMPLOYEE INFORMATION

EMPLOYEE NAME: _____ JOB TITLE: _____ EMPLOYEE ID#: _____

DEPARTMENT: _____ SECOND LANGUAGE REQUIRED: _____

POSITION # (PCN): _____ TAP EMPLOYEE? (Level 1 only) YES (If Yes please proceed to Section III) NO

Cancel position's Bilingual Designation Cancel an Employee's Bilingual Status (if Cancelling please proceed to Section IV)

SECTION II: BILINGUAL DESIGNATION INFORMATION

IS POSITION CURRENTLY DESIGNATED AS BILINGUAL?

YES

NO

Validate Employee as Bilingual (Check Level Required)

- LEVEL 1: Employee communicates verbally in a second language as a requirement of their position.
- LEVEL 2: Employee communicates both verbally and in writing, in a second language as a requirement of the position.
- LEVEL 3: Employee communicates complex technical medical AND legal information in a second language.

Designate Position as Bilingual (Check one option below)

- Designate position only
- Designate position and validate employee (Check Level Required)
 - LEVEL 1
 - LEVEL 2
 - LEVEL 3

SECTION III: JUSTIFICATION

Please provide a detailed explanation for bilingual compensation. Explanation must include: Type of translation being used (verbal or written), essential duties requiring bilingual skills, and the frequency in which the use of a second language is required.

SECTION IV: DEPARTMENT/SERVICE TEAM APPROVAL

I certify that this position requires bilingual skills and meets the required conditions set forth in the applicable MOU or Management Resolution.

Manager's Signature (or designee): _____ Date: _____

Additional Department Review (if required): _____ Date: _____

Department Head Signature (or designee): _____ Date: _____

HR Services Manager Signature: _____ Date: _____

HUMAN RESOURCES ACTION

HR Testing Representative: _____ Date Tested: _____

Failed Exam Cancel Designation

Passed at level: I:BC-1 (\$0.50/Hour worked) II:BC-2 (\$0.75/Hour worked) III:BC-3 (\$1.00/Hour worked)

Date Department Notified: _____ Date HR Services Manager Notified: _____

Employee Services Signature: _____ Date: _____

Effective Date: _____ Payroll #: _____ Date Department Notified: _____