



BILINGUAL VALIDATION/PAY REQUEST FORM

Supervisor: _____

PHONE: _____

DATE: _____

Email: _____

Complete this form to validate an employee as bilingual and request Bilingual Pay. This form can also be used to cancel an employee's bilingual pay. Send this completed form to the appropriate Human Resources Services Manager upon completion.

Please note that in order for 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.

Section I: Employee Information

Employee Name: _____ Employee ID#: _____

Position Number: _____ Job Title: _____

Department Name: _____ Second Language Required: _____

Bilingual Pay Request			TAP Employee	
New	Change	Cancel	Yes	No
			If cancelling proceed to Section IV	

Validate Employee as Bilingual (Check Level Required)

<input type="checkbox"/>	Level 1 (BC1): Employee communicates verbally in a second language as a requirement of their position.
<input type="checkbox"/>	Level 2 (BC2): Employee communicates both verbally and in writing in a second language as a requirement of the position.
<input type="checkbox"/>	Level 3 (BC3): Employee communicates complex technical, medical, AND legal information in a second Language.

Section II: 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 III: HR Testing Representative

Name: _____		Date Tested: _____
Passed Exam at Level Requested: <input type="checkbox"/>	Effective Date: _____ <small>Must be a beginning of a pay period or date of hire if hired from a bilingual list. Cannot precede date tested.</small>	Failed Exam: <input type="checkbox"/>
		<small>Return form to Department.</small>

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/Designee: _____ Date: _____

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

Department Head Signature/Designee: _____ Date: _____

HR Services Manager's Printed Name: _____ Date: _____

HR Services Manager's Signature: _____ Date: _____

Forward original to ACO Payroll for Processing

Section V: ACO Payroll Action

Pay Period Processed: _____	Processed By: _____
Retro Pay Processed: Yes <input type="checkbox"/>	Not Applicable <input type="checkbox"/>