



# Bilingual Pay Request Form

Date: \_\_\_\_\_

To: \_\_\_\_\_ *Human Resources Director*

From: \_\_\_\_\_ *Department Director*

Reference: \_\_\_\_\_

I hereby request the following position(s) and employee(s) be reviewed for bilingual pay eligibility:

Position	Employee	Language Spoken

Justification for bilingual pay request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Bilingual pay is contingent upon position eligibility. A bilingual test will be set up with a County-approved facility after the request from the Department Director is approved. The pay will be effective the following pay period upon receipt of a passing score of 70% or higher on the bilingual test.

*In the event the employee moves to another position that is not designated as eligible for bilingual pay differential, a new Bilingual Pay Request Form must be completed for the new position and the premium payment will cease without this new request.*