**BILINGUAL VALIDATION/PAY REQUEST FORM**



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| --- | --- | --- | --- | --- | --- |
| FROM: |  | PHONE: |  | DATE: |  |

**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.**

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| **Section I: Employee Information** | | | | | |
| Employee Name: |  | | | Employee ID#: |  |
| Position Number: |  | Job Title: | Office Assistant II– Spanish Bilingual | | |
| Department Name: | DEPT ID: FUND ID: | | | | |

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

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| --- | --- | --- | --- | --- |
| **Validate Employee as Bilingual (Check Level Required)** | | | | |
|  | Level 1 (BC1): Employee communicates verbally in a second language as a requirement of their position | | | |
|  | Level 2 (BC2): Employee communicates both verbally and in writing in a second language as a  requirement of the position. | | | |
|  | Level 3 (BC3): Employee communicates complex technical medical **AND** legal information in a second  language | | | |
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| **Section II: Justification** | | | | |
| **This person will be utilizing their Spanish Bilingual skills answering phones and assisting customers. Spanish Bilingual skills are necessary for the department throughout the duration of the job assignment.** | | | | |
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| **Section III: HR Testing Representative** | | | | |
| Name: | | | | Date Tested: |
| Passed Exam at Level Requested: | | Effective Date: |  | Failed Exam:  **Do not send to ACO Payroll. Return to Department.** |
| **Beginning of pay period after date tested or date of hire if hired from a bilingual list.** | |

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| **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 Name: | |  | | | | | | Date: |  |
| HR Services Manager’s Signature: | | | |  | | | | Date: |  |
|  | | | | | | | | | |
| **Section V: ACO Payroll Action** | | | | | | | | | |
| Pay Period Processed: |  | | | | | | Processed By: | | |
| Retro Pay Processed: | Yes  Not Applicable | | | | | |  | | |