

BILINGUAL EXAMINATION & ACTIVATION FORM – PER59B

INSTRUCTIONS: This form is used to request a bilingual skills examination and/or to activate bilingual pay.

POSITION/EMPLOYEE INFORMATION

Date:	
Department:	
Classification Title:	
Position Number:	
Budget Index/GL Key:	
Name of Employee:	
Name of Supervisor:	
Alternately Staffed:	<input type="checkbox"/> N/A <input type="checkbox"/> Yes Alt 1: _____ Alt 2: _____ Alt 3: _____ Alt 4: _____

REQUEST FOR A BILINGUAL SKILLS EXAMINATION – English/Spanish

Bilingual pay is not automatically granted upon passing the exam; it is subject to departmental operational need.

Mark one of the following:

<input type="checkbox"/> Level I (oral fluency)	<ul style="list-style-type: none">Defined as “the ability to converse in the second language; and to read English and translate orally into the second language”.
<input type="checkbox"/> Level II (oral, reading, and writing fluency)	<ul style="list-style-type: none">Defined as the “ability to converse in the second language; to read English and translate orally and/or in writing into the second language; read the second language and translate orally and/or in writing into English; and to write in the second language”.

REQUEST TO ACTIVATE BILINGUAL PAY

Mark one of the following:

<input type="checkbox"/> Level I (oral fluency)	<input type="checkbox"/> Level II (oral, reading, and writing fluency)
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TO BE COMPLETED BY THE HUMAN RESOURCES DEPARTMENT

Date of Examination: _____ **Proctor:** _____

Level I: Pass **Fail**

Level II: Pass **Fail**

Analyst or Proctor Signature

Date

Bilingual pay will NOT be activated because employee is not qualified at the requested level.

DEPARTMENT HEAD SIGNATURE (For Activation Only)

I certify this position requires bilingual skills as indicated above and meets all of the conditions as stated in the Personnel Regulation Section 164 J.

Department Head Signature

Date