

**BILINGUAL CERTIFICATION REQUEST
FOR TESTING AND PAY**



EMPLOYEE NAME: _____ **DATE:** _____

DEPARTMENT: _____

How frequently and in what capacity is this employee's contact with citizens and others speaking this language?

How does this employee's language skills assist the department in the performance of duties and/or department's delivery of service?

Will the employee be reasonably available to assist other departments with Bilingual language related needs?

Yes No

Department Director Signature

Date

Director of Human Resources Signature

Date

TO BE COMPLETED BY HUMAN RESOURCES:

Date Test Scheduled: _____ Did Employee Pass? Yes No