ATTACHMENT 1

TOWN OF BLADENSBURG
MULTILINGUAL CERTIFICTION FORM

The purpose of this document is to identify positions which require multilingual skills. **All employees identified by the department as utilizing multilingual skills during the performance of their duties should complete this form.** Completed forms must be reviewed and signed by the employee, the Department Head, and the Town Manager or his or her designee.

Position/Employee Identification (Please type or print)

_____ Employee's Name	_____ Title/Department

_____ Language(s)	Proficiency Level ☐ Basic ☐ Advanced

I certify that the above information is complete and accurate to the best of my knowledge:

Employee's Signature: _____ Date: _____

Employee's Printed Name: _____

I have reviewed this request form, and I certify that the employee meets all of the requirements set forth by policy.

Department Head's Signature: _____ Date: _____

Department Head's Printed Name: _____

If this form is being submitted to change Proficiency level, the supervisor must provide an explanation.

Reason for change: _____

JUSTIFICATION OF LANGUAGE NEED:

_____

_____

APROVED ☐ DENIED ☐

City Manager: _____ Date: _____

City Manger's Printed Name: _____

Completed forms should be returned to the Human Resources Department, Town of Bladensburg. You will be notified by your test date and time as soon as a test is scheduled.