



BILINGUAL PAY REQUEST FORM

Please complete the required information below and submit the completed form to the Human Resources Department for review and approval.

Employee Name: _____

Department: _____

Position: _____

Spoken Language(s) Other Than English: _____

To assign bilingual designation, the employee must meet all the criteria listed below:

- Must be a full-time regular non-exempt employee.
- Must pass the proficiency test with at least an “Advanced Low” proficiency as designated by the American Council on the Teaching of Foreign Languages (ACTFL).
- Must be willing to be placed on a certified bilingual employee list and participate as a translator should the need arise for Town business.

Employee:

Signature

Date

Department Director:

Signature

Date

HUMAN RESOURCES ONLY	
Proficiency <i>Initial Test</i> Date: _____	
<input type="checkbox"/> Pass (Advanced Low Proficiency) <input type="checkbox"/> Fail	<input type="checkbox"/> If failed, retest eligibility expiration date (one year of initial test date): _____
Proficiency <i>Retest (Final Test)</i> Date: _____	
<input type="checkbox"/> Pass (Advanced Low Proficiency)	<input type="checkbox"/> Fail; Incumbent is no longer eligible to participate in bilingual incentive pay program.
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	HR Signature: _____ Date: _____