

BILINGUAL PAY AUTHORIZATION

EFFECTIVE DATE _____

1. DEPARTMENT _____	2. POSITION NUMBER Agency Code Unit Code Class Code Serial
3. EMPLOYEE NAME (Last Name) _____	(First Name) _____ (M. I.) _____
4. CLASS TITLE (For reclassification, enter new class) _____	5 SOCIAL SECURITY NUMBER _____

BILINGUAL JUSTIFICATION

A bilingual position requires the use of a bilingual skill 10 percent of the time in order for the incumbent to be eligible for bilingual pay. Positions must be in a setting where there is a demonstration of client or correspondence flow showing that bilingual skills are clearly needed. The skills may be used to meet the needs of the public in a direct public contact position; or a hospital or institution setting dealing with patient or inmate needs; or performing interpretation, translation, or other specialized bilingual tasks for the department and its clients. More detailed instructions are available in the Bilingual Pay Manual available from the Department of Personnel Administration. Enter in Item 6 the language used by the employee using the four-place language codes listed below.

Language	Code	Language	Code	Language	Code	Language	Code
Spanish	SPAN	Arabic	ARBC	Braille	BRAI	Hindustani	HNDU
Tagalog	TAGA	Chinese (Cantonese)	CHCA	Vietnamese	VIET	Japanese	JAPN
Ilocano	ILOC	Chinese (Mandarin)	CHMA	Portuguese	PORT	Russian	RUSS
Punjabi	PUNJ	Sign Language	SIGN	Korean	KORE		

6. LANGUAGE USED <input type="checkbox"/> VERBAL <input type="checkbox"/> WRITTEN	7. TENURE <input type="checkbox"/> PERMANENT <input type="checkbox"/> LIMITED TERM	8. TIME BASE <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> INTERMITTENT
9.A. DATE EMPLOYEE PASSED THE STATE FLUENCY EXAMINATION _____	B. WAS THIS THE FIRST TIME EMPLOYEE PARTICIPATED IN THE EXAM? <input type="checkbox"/> YES <input type="checkbox"/> NO (If NO, enter date first exam taken) _____	10. DATE EMPLOYEE FIRST ASSUMED BILINGUAL DUTIES MEETING BSP* CRITERIA (10% of work time) _____

11. REASON FOR REQUEST

A. <input type="checkbox"/> RECLASSIFICATION (If employee is already receiving bilingual pay and has a change in classification, complete Items 1 through 16. J.)	ENTER OLD CLASS _____	ARE BILINGUAL DUTIES SUBSTANTIALLY THE SAME? <input type="checkbox"/> YES <input type="checkbox"/> NO (If NO, explain in Item 15.A.)
B. <input type="checkbox"/> NEW POSITION FOR WHICH BILINGUAL PAY HAS NEVER BEEN REQUESTED. (Complete all Items 1. through 16. J.)	ENTER LAST INCUMBENT _____	ARE BILINGUAL DUTIES SUBSTANTIALLY THE SAME AS THOSE PERFORMED BY THE LAST INCUMBENT? <input type="checkbox"/> YES <input type="checkbox"/> NO (If NO, explain in Item 15.A.)
C. <input type="checkbox"/> REFILLING VACANT POSITION FOR WHICH BILINGUAL PAY WAS PREVIOUSLY APPROVED.	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO (If NO, explain in Item 15.A.)
D. <input type="checkbox"/> TERMINATE BILINGUAL PAY—EMPLOYEE CEASED TO MEET BSP* CRITERIA OR VACATED THE POSITION. (Complete all Items 1. through 8. and 14.)		
E. <input type="checkbox"/> REMOVE THIS POSITION FROM BILINGUAL PAY STATUS—CLIENTELE OF THIS LOCATION LOWERED TO THE DEGREE THAT BSP* CRITERIA CANNOT BE MET.	(Complete Items 1, 2, 4, 5 through 8., 12., and 14.)	
F. <input type="checkbox"/> ESTABLISH BILINGUAL PAY—CHANGE IN INCUMBENT'S DUTIES OR CASE LOAD. (Complete Items 1. through 15. J.)		

12. WORK ADDRESS OF EMPLOYEE

A. EXACT OFFICE OR UNIT TITLE AND DISTRICT IN WHICH EMPLOYEE WORKS _____	C. LOCATION CODE (To be completed by the departmental bilingual pay coordinator)
B. ADDRESS (List Street Address, City and Zip Code) WHERE EMPLOYEE WORKS _____	

13. EMPLOYEE AND SUPERVISOR SIGNATURES (The undersigned certify that the information contained in this document is true and correct.)

A. EMPLOYEE 	B. TELEPHONE NUMBER _____	C. DATE SIGNED _____
D. IMMEDIATE SUPERVISOR 	E. TELEPHONE NUMBER _____	F. DATE SIGNED _____
14. AGENCY APPROVAL A. BILINGUAL COORDINATOR 	B. TELEPHONE NUMBER _____	C. DATE SIGNED _____

*BSP - Bilingual Salary Program

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15.A. EMPLOYEE DUTIES (Provide a brief description of employee's duties pertaining to bilingual skills.)

B. WHAT PERCENT OF EMPLOYEE'S WORK TIME IS SPENT USING BILINGUAL SKILLS _____ %

16.A. GIVE A BRIEF DESCRIPTION OF THE PROGRAM OR OFFICE IN WHICH THIS EMPLOYEE WORKS

B. NUMBER OF CLIENTS USING THE LANGUAGE OF THIS EMPLOYEE WHO ARE SERVED BY YOUR OFFICE _____ PER _____ (WK, MO. YR)		C. TOTAL NUMBER OF CLIENTS SERVED BY YOUR OFFICE _____ PER _____ (WK, MO. YR)	
D. NUMBER OF CLIENTS USING THE LANGUAGE OF THIS EMPLOYEE WHO ARE SERVED BY THIS EMPLOYEE _____ PER _____ (WK, MO. YR)		E. TOTAL NUMBER OF CLIENTS SERVED BY THIS EMPLOYEE _____ PER _____ (WK, MO. YR)	
F. WHAT IS THE TOTAL POPULATION OF PERSONS IN THE GEOGRAPHIC AREA USING LANGUAGE OF THIS EMPLOYEE	G. TOTAL NUMBER OF EMPLOYEES IN THIS OFFICE	H. TOTAL NUMBER OF EMPLOYEES IN THIS OFFICE USING SAME BILINGUAL LANGUAGE SKILL AND RECEIVING BILINGUAL PAY	

I. DESCRIBE THE METHOD USED TO DETERMINE THE PERCENTAGE REPORTED IN ITEM 15.B.

J. ATTACH AN ORGANIZATION CHART IDENTIFYING INCUMBENTS WHO ARE:

1. USING BILINGUAL SKILLS AND ARE RECEIVING BILINGUAL PAY
2. USING BILINGUAL SKILLS AVERAGING LESS THAN 10% OF THEIR WORK TIME AND ARE NOT RECEIVING BILINGUAL PAY; AND
3. ALL OTHER PERSONS WHO WORK IN THE OFFICE IN WHICH THIS PERSON IS EMPLOYED.