PIMA COUNTY
HUMAN RESOURCES

MULTILINGUAL PROFICIENCY EXAMINATION

Request Form

The following employee is assigned to a position that requires multilingual capabilities. In order to document the employee's proficiency, the employee requires a foreign language proficiency examination for the following foreign language (check only one foreign language) combination:

☐ **Spanish** ☐ **Other** _____(list other language)

EIN	Employee Name	Department
Work Email Address:		**Work Phone Number:**

The employee's department (pick one) ☐ **has** ☐ **has not** conducted the required 10 Consecutive Work Day Multilingual Use Audit to determine that the employee's position meets the multilingual use requirements for assignment of multilingual compensation.
(Copy of the completed Multilingual Use Audit form(s) must be attached. Request Forms received by the Human Resources Department without the required Multilingual Use Audit form attached will be returned with no action taken)

Costs for the foreign language proficiency examination are the responsibility of the employee's department regardless of whether or not the employee scores high enough on the exam to receive multilingual compensation pay. Please identify the appropriate fund and unit to be used for charging the cost of the multilingual proficiency examination:

Fund	Unit

_____
Signature of Appointing Authority or Authorized Signer **Date**

_____
Printed Name of Appointing Authority or Authorized Signer

Submit signed request form to the Human Resources Department (Attn: Classification and Compensation Team Supervisor)

From: Human Resources – (Classification and Compensation Team)

1. Employee was examined on _____ and received a score of _____ which
   ☐ Qualifies ☐ Does Not Qualify employee to receive multilingual compensation.

   Employees who do not score high enough to qualify for multilingual compensation are not eligible to take another foreign language proficiency examination for six (6) months.

_____
Signature of HR Classification and Compensation Team Supervisor or Designee **Date**

Distribution: Original – to requesting Department
Copy – to HR Foreign Language Testing File