



Multilingual Proficiency Examination Request Form

Administrative Procedure 3-34

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 one):

Spanish Other _____ (list other language)

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

The employee's department (check 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.

(A copy of the completed Audit Worksheet(s) must be attached. Multilingual Proficiency Examination Request Forms received by Human Resources without the required Audit Worksheet(s) 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 with attached audit worksheet(s) to: Human Resources, Attn: Classification and Compensation

From: Human Resources – (Classification and Compensation)

Employee was examined on _____ and received a score of Passing Not Passing, which Qualifies Does Not Qualify the employee to receive multilingual compensation at the Associate Journey level (PP 8-117.Q.).

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 Proctor
Verified by: Supervisor or Designee Initials: _____

Date

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