

Bilingual/Language Proficiency Pay Request Form

(For POA – Police Officers and ACE – Classified Employees)

Employee Name: _____

Employee CWID: _____

Job Title: _____

Department/Division: _____

Campus/Location: _____

Union Group (check one):

POA (Police Officer)

ACE (Classified)

Language for which stipend is requested (including Sign Language, if applicable):

Briefly describe how you currently use, or will use, this language in the **regular course of your job duties** (e.g., assisting students, answering calls, interpreting at meetings, translating forms):

Employee Signature: _____ Date: _____

I confirm that the employee is **required/requested to use the language listed above in the regular course of business.**

Yes No

Supervisor Signature: _____ Date: _____

HR Review

Exam Date: _____ Result: Pass Fail

HR Manager Signature: _____ Date: _____

HR Specialist Signature: _____ Date: _____