REQUEST FOR BILINGUAL PROFICIENCY TEST

TO BE COMPLETED BY EMPLOYEE AND UNIT SUPERVISOR

Section A. Employee completes # 1 - 12 (Please print clearly and fill in ALL requested information including E-mail)

1. Employee’s Name: _____________________________ 2. Class/Title: _____________________________


9. 2nd language used: Circle language to be tested: Cantonese Korean Mandarin Russian Spanish Tagalog Vietnamese

10. In what manner does the employee use his/her bilingual skills at the work place? (e.g. interpret, or perform written translation.)

____________________________________________________________________________________________________________________

11. How often is the bilingual skill used? Please provide the approximate hours used each week.

____________________________________________________________________________________________________________________

12. Has this employee ever been tested for his/her bilingual proficiency by the Department of Public Health or other City Department?

No _________ Yes _________ If yes, please provide the exam date and name of the testing agency: _____________________________

If the exam date is not known, please provide the name at the time the exam was taken (if different from above).

Section B. Unit Supervisor completes. (Please print clearly and fill in ALL requested information)

Estimate number of persons who visit this location and require the services of an interpreter ________________ per week.

What other languages are used?

____________________________________________________________________________________________________________________

Number of employees in unit receiving bilingual pay premium? _____________________________

Work location/Payroll office: _____________________________

Name of Supervisor: _____________________________ Phone: _____________________________

__________________________________________ Date: _____________________________

(Signature of Supervisor)

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