Bilingual Pay Certification Request Form

COUNTY OF SAN MATEO

This request form must be initiated by the employee's supervisor/manager – not the Employee. After completing form and obtaining all necessary signatures, refer the form to your Payroll/Personnel staff (PRC) for HR referral. Forms that are incomplete or have insufficient responses will be immediately returned without processing.

EMPLOYEE AND POSITION INFORMATION

REQUESTING DEPARTMENT: **DIVISION:**

EMPLOYEE NAME: **EMP ID:** **EMP PHONE NUMBER:**

BEST DAY OF WEEK & TIME TO CONTACT EMPLOYEE:

EMPLOYEE JOB PROFILE: **WORK LOCATION:**

NAME OF SUPERVISOR & PHONE NUMBER:

NATURE OF REQUEST: ◯ New Eligibility ◯ Continuation of Eligibility (specify job change reason below):

◯ Promotion within same department ◯ Promotion across budget unit

◯ Transfer within same department ◯ Transfer from different department, specify Outbound Dept:

◯ Other Reason, please specify:

LANGUAGE REQUIRED (select one only): ◯ Spanish ◯ Tagalog ◯ Mandarin ◯ Cantonese ◯ Other, specify:

PAY JUSTIFICATION: Please list the specific duties the employee will perform that require bilingual skills.

EXAM TYPE - The County's Bilingual Certification process tests for basic conversational proficiency only. This level is generally appropriate for providing routine information where the consequences of an interpretation error are minimal. The speaking exam consists of translating common English words and phrases into the requested language; and participating in a scripted role-play and/or active conversation with the examiner on a related topic in the requested language.

Check **one** of the options below:

◯ I understand that the County's Bilingual Certification test assesses basic conversational proficiency only.

◯ This position requires bilingual proficiency beyond basic conversation, such as reading or writing in the requested language. I understand that this option should be selected only when these higher-level skills are job-related and necessary. HR may contact me for assistance in identifying a proctor for portions of the test. *If you select this option, please describe the higher level of proficiency required and explain why it is necessary for the position.*

I hereby certify that I have reviewed and approve of the request to submit the above-named employee for bilingual examination. I understand that should employee pass examination, the employee is entitled to a biweekly bilingual differential.

NAME OF MANAGER: **SIGNATURE:**

DATE:

NAME OF DEPT HEAD OR DESIGNEE: **SIGNATURE:**

DATE:

Note: Employees who fail to attend a scheduled exam without sufficient prior notice may result in the department incurring a no-show fee ranging from $35 to $60.

Cc: Employee's Civil Service File

EXAM EVALUATION (EXAMINER ONLY)

Evaluation Factors	Satisfactory	Unsatisfactory
Comprehension: Ability to understand spoken questions, instructions, and information accurately.	☐	☐
Verbal Response: Ability to respond appropriately and accurately in the requested language.	☐	☐
Communication of Meaning: Ability to convey the intended meaning of information accurately and completely without significant omissions or errors.	☐	☐
Fluency and Response Time: Ability to communicate at a conversational pace and respond within a reasonable amount of time without excessive pauses.	☐	☐
Clarity: Ability to communicate clearly enough to be readily understood by a fluent speaker of the requested language.	☐	☐
Written Translation (if applicable): Ability to translate written information accurately while preserving its meaning and context.	☐	☐

NAME OF EXAMINER: **SIGNATURE:**

DATE OF EXAM:

CERTIFICATION (HR ONLY)

The above-named employee is certified for appropriate Bilingual Pay Differential. Effective date of differential is:

BILINGUAL COORDINATOR: **SIGNATURE:**

Cc: Employee's Civil Service File