



CLASSIFIED PROFESSIONAL BILINGUAL STIPEND REQUEST

The District shall provide a 2.5% salary premium for all hours in paid status to permanent unit members assigned to positions that use bilingual communication. This premium applies regardless of whether multilingual ability is a stated requirement of the position.

Positions that have a bilingual requirement are not eligible for this stipend.

To request a bilingual stipend, please complete this form and obtain a signature from your immediate supervisor.

SECTION I – TO BE COMPLETED BY EMPLOYEE		
Employee Name:	Employee ID:	Date:
Division/Department:	Job Title:	Work Location/ Site:

Which language are you proficient in? _____

Estimated Percentage of Job Duties Requiring Bilingual Proficiency: _____

Bilingual Duties: Please provide a detailed list of the job responsibilities for which bilingual skills are used on a regular and consistent basis.

Employee Signature _____

Date _____

SECTION II - TO BE COMPLETED BY THE SUPERVISOR

Please describe how the employee has utilized a language other than English to perform aspects of their assigned duties. In your response, include how this language use contributes to their position, supports departmental needs, and advances the overall needs of the department/unit. If additional space is needed, you may attach a separate sheet.

By submitting this form, you acknowledge that the employee uses the language(s) listed above to perform aspects of their assigned duties and engages with others in that language as part of their role.

Supervisor Signature _____ **Date** _____

SECTION III – HUMAN RESOURCES – route to HR for processing

Human Resources Signature _____ Date _____