

# Human Resources Department

## CLASSIFIED EMPLOYEE REQUEST FOR BILINGUAL/BILITERATE STIPEND

### SECTION 1 – TO BE COMPLETED BY THE EMPLOYEE

Employee Name:	Classification
Site/Department:	E-mail:
Phone Number:	

I am requesting the stipend for:

Bilingual

Biliterate

Please describe the duties you perform requiring bilingual/biliterate abilities:

Employee Signature \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION 2 – TO BE COMPLETED BY SITE/DEPARTMENT ADMINISTRATOR

I **agree** with the employees request and recommend testing

I **disagree** with the employees request for the following reason(s):

Supervisor Signature \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION 3 – TO BE COMPLETED BY THE HUMAN RESOURCES DEPARTMENT

I **agree** with the request and recommend testing

I **disagree** with the request for the following reason(s):

Assistant Superintendent  
of Human Resources: \_\_\_\_\_ Date: \_\_\_\_\_

Bilingual Test Passed: \_\_\_\_\_

Biliterate Test Passed: \_\_\_\_\_

Test Administered by: \_\_\_\_\_

