Request for Payment of Bilingual Pay

Employee's Name		
W#	Agency Code	
Classification /Job Profile		
Agency Name		
	ual skills for the pay period ending and at the request of my supervisor. fication as a job requirement.	
Employee's Signature		Date
Authorized by: I certify that this employee, at my	request, has utilized bilingual skill	
defined by the employee's classifi	d ending cation as a job requirement.	. These skins are not
Supervisor's Signature		Date
Supervisor's Printed Nam	e Phone Number	
Please note the following for emp & H, Unit E and Unit G):	oloyees in certain bargaining units (Units A, B, C, D, F,
The minimum bilingual bonus or h 1, 2023.	nourly equivalent is \$50 per pay per	iod effective January
The Employer may not require a appropriate bonus or pay.	in employee to use bilingual skills	without paying the
Bilingual pay is not applicable v classification.	where such skills are a requiremen	t of the employee's