

## Attachment A

### CITY OF HOUSTON BILINGUAL PAY REQUEST FORM

New Request     Continue     Delimit

Employee Name \_\_\_\_\_ Employee No. \_\_\_\_\_

Department \_\_\_\_\_ Job Title \_\_\_\_\_

2<sup>nd</sup> Language Required \_\_\_\_\_

#### Position Requirements

List the responsibilities that require the fluent verbal and/or written use of a language other than English on a continuing and frequent basis in performance of regular job duties to meet the public service responsibility of the department (attach additional sheets, if needed):

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I certify that the employee's job duties and responsibilities require the fluent (verbal and/or written) use of a language other than English on a continuing and frequent basis in order to meet the public service responsibility of the department.

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Department Director

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Date

#### HR USE ONLY

- The employee has met the eligibility criteria established by A.P. 3-9: Bilingual Pay and Testing Policy for Municipal Employees and is **approved** for bilingual pay differential.
  
- The employee has not met the eligibility criteria established by A.P. 3-9: Bilingual Pay and Testing Policy for Municipal Employees and is **not approved** for bilingual pay differential.

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HR Director or designee

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Date