

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):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

\_\_\_\_\_  
Department Director

\_\_\_\_\_  
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.

\_\_\_\_\_  
HR Director or designee

\_\_\_\_\_  
Date