

Human Resources

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: <input type="checkbox"/> Bilingual <input type="checkbox"/> Biliterate	
Employee Signature _____	Date: _____
SECTION 2 – TO BE COMPLETED BY SITE/DEPARTMENT ADMINISTRATOR	
<input type="checkbox"/> I agree with the employees request and recommend testing	
<input type="checkbox"/> I disagree with the employees request for the following reason(s): 	
Site Principal Signature _____	Date: _____
SECTION 3 – TO BE COMPLETED BY THE HUMAN RESOURCES DEPARTMENT	
<input type="checkbox"/> I agree with the request and recommend testing	
<input type="checkbox"/> I disagree with the request for the following reason(s): 	
Chief Personnel Officer: _____	Date: _____
Bilingual Test Passed: _____	
Biliterate Test Passed: _____	
Test Administered by: _____	

