Bilingual Incentive Pay Request Form

The City of Boise is proud to be a welcoming community striving to ensure a safe, equitable, and inclusive city that celebrates the diversity of the people who live, work, and play in our community and recognizes the fundamental human dignity of all.

EMPLOYEE + POSITION INFORMATION

ID #  [ ] Employee Name  

Department  [ ] Job Title  

REQUEST TYPE:

☐ New Eligibility  ☐ Continuation of Eligibility, new qualifying job in:

Same department (job title)  

Different department (job title)  

Language Required  ☐ Spanish

Check all that apply:  ☐ Write  ☐ Speak

Provide a brief summary of the nature and purpose of your regular job duties that benefit from or require the use of a second language. Please specify the number of hours per week that you use your language skills to provide services and how often you interpret for others.

By signing, I verify that I have read the Bilingual Incentive Pay regulation and that the information provided above is accurate. Upon certification, I understand that I am required to recertify using language proficiency testing every 3 years and that failure to do so will result in the loss of the Bilingual Incentive Pay. I understand that if I move to a new position that does not benefit from language services I will no longer receive the Bilingual Incentive Pay.

Employee Signature  Date  

SUPERVISOR APPROVAL (REQUIRED):

By signing, I verify that I have read the Bilingual Incentive Pay regulation. I approve this request for language proficiency testing and the department agrees to pay the cost associated with testing. I understand that this employee must complete language proficiency testing to recertify every 3 years. I have reviewed the information provided in this application and verified its accuracy.

Supervisor Name  

Supervisor Signature  Date  

Dept. Director or Designee Name  

Dept. Director or Designee Signature  Date  

Please send the final signed copy of this form to HR@cityofboise.org for processing.