



Human Resource Services

BILINGUAL STIPEND REQUEST

SECTION I – TO BE COMPLETED BY EMPLOYEE

Name:	Empl ID#:	Date:
Department/Office:		Position:
Approximately how many times in a month are you asked to interpret? _____ What Language(s) do you interpret in? _____ <input type="checkbox"/> Written <input type="checkbox"/> Spoken		
Employee's Signature _____		Date _____

SECTION II – JUSTIFICATION TO BE COMPLETED BY THE SUPERVISOR

Proposed begin date: _____

1. Is the employee required as part of the position to provide interpreter services? Yes No
2. Are the employee's interpretive skills needed as part of the business necessity for the district? Yes No
3. Is there another designated interpreter in your department? Yes No
 If yes how many? _____ Is it the same language? Yes No
4. How often will the employee be providing bilingual services? _____
5. What are some other factors or needs that you feel justify the need for a bilingual stipend?

Date **Supervisor/Chair/Director**

SECTION III – SIGNATURES – Route for approval

Dean/Director Endorsement

Date **Dean/Director**

Executive Administrator Endorsement

Date **Executive Administrator**

SECTION IV – HUMAN RESOURCES – route to Human Resource Services for approval

<input type="checkbox"/> Approve	Governing Board Date	_____
<input type="checkbox"/> Disapprove (see comments)	Effective Date	_____
	Amount of Stipend	_____
 <u>Comments</u>		

Date	Vice President , Human Resource Services	