



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