

**REQUEST TO DETERMINE BILINGUAL PROFICIENCY**  
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**REQUEST FOR REMOVAL OF DIFFERENTIAL PAY**

Per Career Service Rule 9-66 Bilingual Services Differential, it is a requirement of the following position, as determined by the Appointing Authority, to use bilingual skills **35% or more of the time, and** the classification specification does not require bilingual skills for all incumbents in the position. To qualify the employee in the position must demonstrate a proficiency in the second language according to procedures established by the Personnel Director and upon eligibility the employee shall receive a differential based on the level of proficiency demonstrated by that employee. When the employee changes position and the language skills are not a requirement of the new position, the bilingual services differential shall cease.

The Appointing Authority hereby requests bilingual services testing for the following employee in the position. ***The effective date of the bilingual services differential shall be the beginning of the pay period following receipt of the Request to Determine Bilingual Proficiency form.***

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Department or Agency: \_\_\_\_\_ Language: \_\_\_\_\_  
Name of employee: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_  
Employee I.D. \_\_\_\_\_ Classification: \_\_\_\_\_  
Position Number: \_\_\_\_\_ Department: \_\_\_\_\_  
HR Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Give a general description of the position and the demographic population it serves: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**To be completed by supervisor or employee:**

**Oral Communication (Listening and Speaking)**

Duties and Tasks performed in second language:

\_\_\_\_\_ % of Time: \_\_\_\_\_

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**Reading and Writing**

Tasks performed in second language

\_\_\_\_\_ % of Time: \_\_\_\_\_

I attest that the information presented above is complete and accurate. We agree to present additional information for testing if requested.

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<b>Signature of Supervisor</b>	<b>Title</b>	<b>Date</b>
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<b>Signature of Division Director/Manager</b>	<b>Title</b>	<b>Date</b>
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<b>Signature of Appointing Authority</b>	<b>Title</b>	<b>Date</b>
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**FOR CSA OFFICIAL USE ONLY**

DATE TESTED: \_\_\_\_\_

THIS POSITION HAS BEEN TESTED AND HAS PASSED AT THE

- BASIC
- INTERMEDIATE
- FULLY PROFICIENT

EFFECTIVE DATE: \_\_\_\_\_

**CSA TESTING ANALYST SIGNATURE:** \_\_\_\_\_

This employee has vacated the position. Please remove the bilingual pay effective: (month/day/year.) \_\_\_\_\_

Route to: CSA Meredith Creme, 201 W. Colfax Dept. 412.  
Phone 720.913.5722  
Fax: 720.913.5548 Fax  
Via Scan: [meredith.creme@denvergov.org](mailto:meredith.creme@denvergov.org)