

Merit System Services – Bilingual Examination Request

SECTION 1 – DEPARTMENT AND CONTACT INFORMATION

County:	Department:
Requestor:	Contact Email:

BILINGUAL JUSTIFICATION

A bilingual position requires the use of bilingual skill at least 10 percent of the time in order to be eligible for bilingual designation. Positions must be in a setting where there is a demonstration of client or correspondence flow showing that bilingual skills are clearly needed. The skills may be used to meet the needs of the public in a direct public contact position or performing interpretation, translation, or other specialized bilingual tasks for the department and its clients. Merit System Services requires bilingual certifications for employees in positions designated as bilingual.

SECTION 2 – REASON FOR REQUEST

	Type of Request <i>(select one)</i> :	Complete Sections:	Attach:
A.	Recruitment <i>(Filling a vacant bilingual designated position.)</i>	1, 2, 3, 4, 8, 9	Current Org Chart
B.	Current Employee New Certification <i>(Employee is being assigned a bilingual workload and needs certification.)</i>	1, 2, 3, 5, 6, 7, 8, 9	Current Org Chart Statement of Duties
C.	Current Employee Advancement Certification <i>(Employee has a current certification but needs a higher one for a new position.)</i>	1, 2, 3, 5, 6, 7, 8, 9	Current Org Chart
D.	Special Request (list):	1 through 8, as applicable, 9	Any applicable documentation

SECTION 3 – EXAMINATION REQUEST

Language:	Written Examination	Verbal Examination
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SECTION 4 – RECRUITMENT INFORMATION

Classification:	Requisition:
Tenure: Permanent Temporary Extra Help	Number of Vacancies:
Location:	Public Contact Position Interpreter
Position Number(s):	

SECTION 8 – ATTACHMENTS *(List any supporting documentation attached to your request here and attach them to your email/requisition.)*

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SECTION 9 – CERTIFICATION

The information provided on this form is accurate to the best of my knowledge and meets the requirements outlined in the Bilingual Examination Administration policy.

Name: _____ Title: _____

Signature: _____ Date: _____

FOR MSS USE ONLY		Reason for Denial:
APPROVED	DENIED	
MSS Analyst:		
Date:		