

**Dallas County Community Colleges
Request for Compensation Consideration for
Bilingual (Job Related) Skills**

Name _____ Employee ID #: _____

Job Title _____ Job Title Code _____

DCCC Location of Assignment: _____

Department Operating Unit: _____

**Employee Classification:
(Check)**

Facilities Services Technical Professional PSS Regular Faculty Administrator

**Status
(Check)**

Limited Full Time Full Time Part Time

Phone Number: _____

Information Related to Current Position

1). List the duties performed within the position that require proficiency with a second language:

2). What alternate language is required?

3). How will the presence of additional language skills have a positive impact on the delivery of development service?

Employee Acknowledgment

I am aware that a formal assessment of my alternate language skills will be required and evaluated prior to any compensation/stipend approval.

Employee Date

Supervisor(s) Recommendation(s) for Consideration

First Level _____
Supervisor Signature Date

Second Level _____
Supervisor Signature Date

Testing Requested _____
Date

Testing Performed _____
Date

Testing Results Reviewed _____
Date

Supervisors/Employee Notified _____
Date

Payroll Change Implemented _____
Date

Paperwork forwarded to DHR _____
Date

Original to District Human Resources

Revised 03/25/02
DHR