 STATE OF MARYLAND

## DHMH

### Maryland Department of Health and Mental Hygiene

*Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Van Mitchell, Secretary*

**REQUEST FOR PAYMENT OF BILINGUAL PAY**

[DHMH Timekeeping Manual](http://dhmh.maryland.gov/ohr/SiteAssets/timekeeping/DHMHTimekeepingManual.pdf)

Unless bilingual skill is in the classification specification, an appointing authority may not require an employee to use bilingual skills to serve as a translator unless the employee is paid minimum bilingual bonus of $25.00 per pay period.

|  |  |
| --- | --- |
| **Name:** |  |
| **Social Security #:** |  |
| **Job Class/Title:** |  |
| **Agency Code (6 digits):** |  |

I certify that I have utilized bilingual skills during pay period \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the performance of my job duties and at the request of my supervisor. These skills are not defined in my classification specification as a job requirement.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Employee Name (printed) |  | Employee Signature |  | Date |

**SUPERVISOR’S AUTHORIZATION TO PAY BILINGUAL PAY**

I certify that this employee, at my request, has utilized bilingual skills in the performance of his/her job duties during the pay period specified above. These skills are not defined by the employee's classification specification as a job requirement.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Supervisor Name (printed) |  | Supervisor Signature |  | Date |

Please submit your completed bilingual pay request form to:

Department of Health and Mental Hygiene

Office of Human Resources – **TIMEKEEPING UNIT**

201 W. Preston Street, 1st Floor

Baltimore, MD 21201