REQUEST FOR PAYMENT OF BILINGUAL PAY

DHMH Timekeeping Manual

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 <u>not</u> defined in my classification specification as a job requirement.			
Employee Name (prin	nted) I	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 (prin	nted) S	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