



BILINGUAL PAY APPROVAL FORM

Employee Section:

Please complete this form and submit with Director approval to hr@lincoln.ne.gov.

EMPLOYEE NAME:

EMPLOYEE NUMBER:

DEPARTMENT:

Pursuant to HR Policy Bulletin 2024-10 Bilingual Pay, I request approval to receive Bilingual Pay from The City of Lincoln for this language:

With the language listed above, I request proficiency testing for:
(Choose one)

☐

Speaking

☐

Writing

☐

Both

Employee Signature

Date

As Director approval, I have identified a need for the above language skill and am assigning this work to the above employee, based on successful completion of the proficiency exam. This approval may be revoked at any time based on business need.

Director Signature

Date

Internal processing after Director approval: (completed by Human Resources)

Date of testing: _____ Proficiency Level as determined by the test: _____

Did the employee meet the minimum requirement for bilingual pay? _____

Proctor Signature (Human Resources)

Date

HRSC & Payroll processing: