Request for Payment of Bilingual Pay

W#	Agency Cod	e
Classification /Job Pro	ofile	
Agency Name		
the performance of m		pay period ending in est of my supervisor. These skills ar ob requirement.
Employee's S	ignature	Date
Authorized by:		
of job duties during th	e pay period ending ree's classification as a job re-	-
	nghature	Data
Supervisor's S		Date
Supervisor's F	Printed Name	Date Phone Number
Supervisor's F	ring for employees in certain	Phone Number
Supervisor's F Please note the follow & H, Unit E and Unit	ring for employees in certain G):	Phone Number bargaining units (Units A, B, C, D, F
Supervisor's F Please note the follow & H, Unit E and Unit The minimum bilingu January 1, 2024.	ring for employees in certain G): nal bonus or hourly equivale ot require an employee to u	