

LANGUAGE DIFFERENTIAL REQUEST

Please complete the required information below. Submit the completed form to the Human Resources Division for review and approval. Attach an additional page detailing the critical day to day business needs and added benefit justification for the request to designate this position as a language differential position.

Position #	Job Code #
Incumbent	Job Title
Agency	Department

To assign a language differential designation, the position must meet all of the criteria listed below:

- Position requires regular and frequent use of one or more second languages to perform critical essential functions of the position. For the purpose of this SOP “regular and frequent use” is generally more than 30% of work time a week.
- The employee is assigned to a position that is public or client facing with frequent or significant interactions with non-English speaking individuals; and
- Members of the community may lack the ability to receive critical community services without a second language employee designation to assist them.

Employees are eligible for language differential pay if deemed as fluent in the desired languages and are in positions where a second language proficiency is designated as an essential skill critical to performing day to day essential functions of the position. Employees must meet the proficiency standards determined by the agency during the interview process. Employees are only eligible for one language differential regardless of how many languages they speak.

Department/Division Approval Signatures		
By providing approval and electronically signing below, this certifies that processing this action does not have a negative impact on the current year’s personnel budget. Any budgetary impact has already been addressed and approved by the Council, as needed.		
*Department Director / Elected Official approval is optional based on internal department processes and procedures.		
Supervisor	Approved:	Signature:
Fiscal Manager	Approved:	Signature:
Division Director	Approved:	Signature:
Department Director/Elected Official <small>(optional dependent on department)</small>	Approved:	Signature:
HR Business Partner		

*Signed forms should be submitted to Human Resources using the [HR Request Form](#).