



**DALLAS COUNTY**  
**HUMAN RESOURCES/CIVIL SERVICE EMPLOYMENT SECTION**

# Language Skills Proficiency Test Request Form

Date submitted \_\_\_\_\_ Office Phone Number: \_\_\_\_\_

Department Representative: \_\_\_\_\_

Department name: \_\_\_\_\_ Office email: \_\_\_\_\_

**To expedite the skills proficiency language testing of this employee/candidate the form should be completed and forwarded to the Human Resource Employment Section (214-653-7638)**

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**Test Request:**

Test	Select	Time	Date	Score Required
Oral/Conversational Test				70%
Oral, Written, Reading Tests				70%

Employee/Applicants Name: \_\_\_\_\_ Last 4 SS #: \_\_\_\_\_

Position Title: \_\_\_\_\_ Position \_\_\_\_\_ Grade \_\_\_\_\_ IRC: \_\_\_\_\_

**Reference: Policy**

**DALLAS COUNTY BILINGUAL INCENTIVE PAY POLICY**

**Additional information**

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**Department Representative Signature**