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)

<table>
<thead>
<tr>
<th>Test</th>
<th>Select</th>
<th>Time</th>
<th>Date</th>
<th>Score Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral/Conversational Test</td>
<td></td>
<td></td>
<td></td>
<td>70%</td>
</tr>
<tr>
<td>Oral, Written, Reading Tests</td>
<td></td>
<td></td>
<td></td>
<td>70%</td>
</tr>
</tbody>
</table>

Employee/Applicants Name: ___________________________________________ Last 4 SS #: ______

Position Title: __________________________ Position _________ Grade ______ IRC: ______

Reference: Policy

DALLAS COUNTY BILINGUAL INCENTIVE PAY POLICY

Additional information
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Department Representative Signature