



Language Skills Assignment Pay (LSAP) Request

INSTRUCTIONS: The requesting supervisor is to complete sections A and B and sign the authorization under section C. Submit the original to the Department Director for signature under section C. When approved by the Department Director, submit the signed copy to your Human Resource Partner copying the employee and HRRRecord@dallas.gov. The HR Partner will coordinate the testing and notify the Department of the results. If the employee meets or exceeds the minimum oral proficiency level required for LSAP, HR will activate the corresponding Language Skills Pay.

A. EMPLOYEE INFORMATION

Name: _____	Employee Work Location: _____
Employee Number: _____	Employee Telephone Number: _____
Department: _____	Employee's Supervisor: _____
Unit/Org: _____	Supervisor's Telephone Number: _____

Notes/Special Circumstance:

B. POSITION INFORMATION

Position Number: _____	Job Code Number: _____
Job Title: _____	Language to test: _____

Is the position designated to receive Language Skills Pay? Yes No

Has the employee passed their 6-month probationary period? Yes No

How are the additional language skills beneficial in the performance of job duties?

How will the presence of additional language skills have a positive impact on the department's delivery of service?

C. REQUESTING DEPARTMENT AUTHORIZATION

Supervisor Approval: Approved Denied	Director Approval: Approved Denied
Signature: _____	Signature: _____
Date: _____	Date: _____