

**HARRIS COUNTY PSYCHIATRIC CENTER
LANGUAGE COMPETENCY PAY APPLICATION**

(Return application to Room 3A03)

Date: _____ Social Security No. _____

First Name: _____ Last Name: _____

Wk Ph: () _____ Home Phone #: () _____

Wk Hours: _____ to _____ Days off: _____

Title: _____ Department/Unit: _____

Language to be Tested: Circle One:

Spanish

Vietnamese

American Sign

I attest that I have read and understand the conditions and qualifications as set forth in the UTHCPC Policy and Procedure concerning Language Competency Pay. I understand also that the Language Competency Pay Program as a whole will be assessed on an annual basis by UTHCPC Administration to determine changes to be made, including change in the compensation or elimination of the program.

Signature of Applicant: _____ Date: _____

For Supervisor – Please confirm eligibility requirements and sign

Eligibility Requirements:

- | | | |
|--|------------------------------|-----------------------------|
| - Successfully completed 120-day probationary period (circle one): | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - 50% or more classified employee of UTHSCH (circle one): | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - Disciplinary probationary status | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Supervisor: _____ Date: _____

Please print: _____ Date: _____

Personnel Systems _____ Date: _____

FOR PERSONNEL SYSTEMS USE ONLY

Test Date: _____ Date of Pay Increase: _____

Level: _____ Amount: \$ _____

PASS **FAIL** Personnel Systems Initial: _____

COPY: EMPLOYEE FILE