



2011 REQUEST FOR LANGUAGE SKILLS CERTIFICATION

(Please Print Clearly)

Employee Rank or Title/Name/I.D. #: _____

Social Security Number (Required): _____

Date of Birth: _____

Payroll ID# (from paystub): _____

Duty Assignment: _____

Phone Numbers: Work: _____

Cell: _____

Home: _____

Language Certifying In: _____

Date of Request: _____

CERTIFICATION

I, _____, hereby request to be certified as proficient in _____ . I understand that by obtaining certification and receiving language skills TEC pay, I will be required, upon request, to provide translation services for the department for the language in which I have been certified in. I further acknowledge that I must retain my certification in order to continue receiving language skills TEC pay in the future.

Employee Signature Date

Commander, Training & Education Date

Approved _____ Date: _____ Disapproved _____ Date: _____

Fiscal Affairs Division: _____