

Administrative Office of the Courts and Probation
REQUEST FOR BILINGUAL EMPLOYEE TESTING

Supervisor's Request and Agreement to Proctor:

Employee Full Name: _____ Language Spoken: _____

Court Employee, County: _____ Probation Employee, District # _____

Duty area: ___criminal/traffic, ___Civil, ___Probate/Adoption Probation Officer, District # _____

Justification for testing request

Above-named employee will use bilingual skills on average at least 5 hours per week: ___YES ___NO

Employee's bilingual skills are necessary for a specific operational need: ___YES ___NO

Identify operational need: _____

Supervisor will be available to proctor bilingual test on date and time agreed upon with rater ___YES ___NO

Supervisor's Telephone Number: _____ Fax Number: _____

Supervisor's Email Address: _____

Print Supervisor's Name

Supervisor's Signature

Date

Administrative and Human Resources Office Use Only:

Bilingual Employee Test Request ___APPROVED and payment to tester authorized ___DENIED

Signature Deputy Administrator Courts / Probation

Date

Approved testing demonstrated bilingual skills at _____ level. Based upon test results below and the need for a bilingual employee an increase in hiring rate / pay in the amount of _____ percent effective _____, 20____ is hereby approved.

Signature Deputy Administrator Courts / Probation

Date

Hiring rate / pay increase implemented and employee record updated _____, 20____.

Signature Judicial Branch Human Resources

Date

Bilingual Test Results:

Testing date: _____, 20____, time: _____, version: _____

Rating scale: Excellent 34 – 38 Adequate 26 – 33 Insufficient 23 – 25 Failed 0 – 22

Employee's test score: _____ (in numbers and letters)

Proctor's Name: _____ Rater's Name: _____

Results emailed to chad.r.stevens@nebraska.gov and angela.lancaster@nebraska.gov on _____, 20____