



**CITY OF PETALUMA**  
**Bilingual Proficiency and Certification**

*To be completed by Employee*

**I. Employee Notice of Interest**

Employee Name

Date

Classification

Department

MOU/Comp Plan Number

*To be completed by Department Director*

**II. Bilingual Skills**

I certify that bilingual skills are needed for departmental operations or the enhancement of City operational needs.

Approving Authority Signature

Printed Name

Date

Received in Human Resources

Date

*To be completed by Human Resources*

**III. Bilingual Certification**

Proficiency Levels:

High Level Proficiency or Verbally Fluent

Acceptable Level Proficiency or Conversational

Examiner Signature and Certification of Proficiency

Date

**IV. Bilingual Compensation**

Pay Period Effective

Bilingual Compensation Amount

Human Resources Approval

Date

Original – Personnel Folder  
Copy – Employee  
Revised: 06/11/07