

**HARRIS COUNTY PSYCHIATRIC CENTER**  
**ADDITIONAL LANGUAGE COMPETENCY PAY APPLICATION**  
(Return application to Room 3A03)

Date: \_\_\_\_\_ Employee ID#: \_\_\_\_\_  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Wk Ph: ( ) \_\_\_\_\_ Home Phone #: ( ) \_\_\_\_\_  
Wk Hours: \_\_\_\_\_ to \_\_\_\_\_ Days off: \_\_\_\_\_  
Title: \_\_\_\_\_ Department/Unit: \_\_\_\_\_

Language to be Tested: Circle One:

**Hindu      Spanish      Vietnamese      American Sign**

I attest that I have read and understand the conditions and qualifications as set forth in the HCPC Policy and Procedure concerning Additional Language Competency Pay. I also understand that I must re-certify on annual basis in order to qualify or remain eligible for additional language competency pay. I understand also that the Additional Language Competency Pay Program as a whole will be assessed on an annual basis by HCPC 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):     Yes             No
- 50% or more classified employee of UTHSC-H (circle one):         Yes             No
- Disciplinary probationary status     Yes             No

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Please print: \_\_\_\_\_ Date: \_\_\_\_\_

Personnel Systems \_\_\_\_\_ Date: \_\_\_\_\_

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**FOR PERSONNEL SYSTEMS USE ONLY**

Test Date: \_\_\_\_\_ Date of Pay Increase: \_\_\_\_\_

Level: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**PASS      FAIL**    Personnel Systems Initial: \_\_\_\_\_

**COPY: EMPLOYEE FILE**