



APPLICATION FOR LANGUAGE FLUENCY ALLOWANCE

Notes:

1. Employees applying for Language Fluency Allowance shall complete Section A of this form and request the Principal/supervisor to complete Section B.
2. The Principal/supervisor forwards the application to the Area Superintendent who, if the criteria in Section B is met, arranges for fluency testing.
3. The Area Superintendent forwards the application to Human Resources for processing.
4. Applications for the allowance must be made annually. However, those staff presently receiving the allowance are excluded from the testing requirements.

SECTION A (To be completed by Applicant)

Name: _____ School/Office: _____

Position: _____ Grades/Program: _____

Please submit to the Principal/supervisor for completion of Section B.

SECTION B (To be completed by the Principal/Supervisor)

Criteria

Please indicate which of the following criteria the applicant meets.

Teaching Staff

- a. Teaches Grades N-3; _____
- b. Teaches the language at least 12% of the time; or _____
- c. Uses the language for interpreting and assisting the Principal in the school or for communicating with students and parents. _____

Support Staff

- a. The language is used regularly and frequently to support the daily teaching and learning environment in the class-room for a student or group of students. _____
- b. The language is used regularly with parents/guardians to directly support parental involvement in the students' educational programs. _____

Upon completion of Section B, the Principal/supervisor forwards the application form to the Area Superintendent.

SECTION C (To be completed by the Tester(s))

Tester No. 1

I have tested the above-named employee's fluency in the _____ language on the following date _____.

I recommend _____ / I do not recommend _____ that the employee receive the Language Fluency Allowance.

Signature of Tester No. 1

Date

Tester No. 2

I have tested the above-named employee's fluency in the _____ language on the following date _____.

I recommend _____ / I do not recommend _____ that the employee receive the Language Fluency Allowance.

Signature of Tester No. 2

Date

Please submit to your Principal for signature.

Principal

Date

SECTION D. (To be completed by Area Superintendent)

I recommend _____ / I do not recommend _____ that the above-named employee receive the Language Fluency Allowance.

Area Superintendent's Signature

Date

Please submit to Human Resources for processing and copy to applicant.

Adopted September 1, 2009	Revised March 2011	
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