



BILINGUAL PREFERRED STATUS REQUEST

Please complete all sections, sign and date the form. Return to **Advisor, Human Resources and French Language Services** with the Department of Finance via the Client Service Manager for the Department.

1. EMPLOYEE INFORMATION

EMPLOYEE NAME: _____

EMPLOYEE ID: _____

EMPLOYEE POSITION: _____

COMMUNITY: _____

2. LANGUAGE FOR BILINGUAL STATUS

Please select the required language or languages for the Bilingual Preferred Status

3. LANGUAGE USE

Please describe how and when this employee will be able to, and will occasionally provide government services in an official language in addition to English in their current role:

4. AUTHORIZATIONS

Before approvals* are granted, the French Language Coordinator of the employee's Department should be consulted.

Supervisor's Signature

Name (please print)

Date

Deputy Head's Signature

Name (please print)

Date

* Please note that Supervisor and Deputy Head approvals for bilingual bonus for French are conditional upon a successful completion of the language proficiency assessment.