

**NEW MEXICO JUDICIAL BRANCH
GENERAL PERSONNEL POLICY AND PROCEDURE**

Reference NMJBPR Part I Section 3.09

**CERTIFIED BILINGUAL COMPENSATION
POLICY**

Accompanying Forms: Bilingual Certification Training Reimbursement/Payment Request Form;
Bilingual Communication Additional Compensation Request Form

1. PURPOSE

To establish guidelines for the request, advanced approval and administration of the \$1.00 per hour bilingual compensation increases for employees with current bilingual certifications.

2. DEFINITIONS

A. Administrative Authority – Individual or designee with the primary responsibility to supervise and coordinate the administration of a Judicial Entity, or as designated by the Chief Judge and approved by the Supreme Court Order. (Ref: Administrative Authority, Appointing Authority and At-Will employee List policy.)

B. Employee - A person who holds a permanent or term position within the Judicial Branch, excluding a justice, judge of at-will employee.

3. ELIGIBILITY

The Administrative Authority must have approved the employee's advanced request to have their current bilingual certification recognized for additional pay. Current certification from the NM Center for Language Access or as a Certified Court Interpreter is required. If it is determined that bilingual certification is not required for the job, the request will be disapproved. If it is determined that upon job change that the certification is not required the employee's base pay shall be reduced before any job change transpires. Staff classified as Court Interpreters are not eligible.

4. PROCESS FOR APPROVAL OF COMPENSATION INCREASE

A. The employee has the obligation to provide the Administrative Authority with all information required to evaluate the increase in pay request. This shall include:

- (1) A completed Bilingual Communication Additional Compensation Request Form; and

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GENERAL PERSONNEL POLICY AND PROCEDURE**

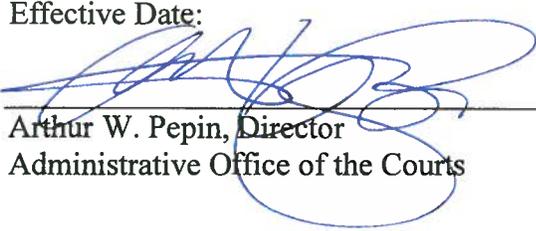
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- (2) a current and completed NM Center for Language Access Bilingual Certification; or
 - (3) a current and completed NM Certified Court Interpreter Certification.
- C. Upon final Administrative Authority approval, all associated documentation shall be forwarded to the appropriate judicial entity's human resources representative or designee who shall, at a minimum:
- (1) adjust the employee's hourly rate appropriately;
 - (2) maintain request and certification forms in the employee's personnel file; and
 - (3) annually track the employee's bilingual communication certification. Certification must be current at all times.

5. TRAINING REIMBURSEMENT/PAYMENT REQUEST

An employee initiating a request for payment of training associated with required certification must complete the Bilingual Certification Training Reimbursement/Payment Request Form. By approving this request the Administrative Authority is approving the employee's request to have their bilingual certification upon receipt recognized for additional pay, conditional upon obtaining and maintaining the employee's bilingual certification.

Effective Date:



Arthur W. Pepin, Director
Administrative Office of the Courts

10/6/10

Date

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Reference NMJBPR Part I Section 3.09

BILINGUAL CERTIFICATION TRAINING REIMBURSEMENT/PAYMENT REQUEST FORM

By signing this form the Administrative Authority is approving the employee's advanced request to have their bilingual certification upon receipt recognized for additional pay. Bilingual compensation shall not exceed \$1.00 per hour. Certification must be current at all times or compensation shall be removed. Upon job change bilingual compensation shall be assessed based on need and may be removed. Staff classified as Court Interpreters are not eligible.

Employee Name: _____

Judicial Entity: _____ **Job Title:** _____

Court Location: _____ **Certified Second Language:** _____

Certification to be achieved:

- **NM Center for Language Access Bilingual Certification**
- **Certified Court Interpreter Certification**

- **Cost Paid by Judicial Entity in advance: Yes** _____ **No** _____
- **Cost Reimbursed to employee upon successful completion: Yes** _____ **No** _____
 - **Certification Total Cost:** _____
 - **Attendance dates and location:** _____
 - **Time of day training will be held:** _____
 - **Anticipated Completion Date:** _____

Please explain the condition and/or situation necessitating this request for payment of bilingual certification training:

Employee Signature: _____ **Date** _____

Immediate Supervisor Signature: _____ **Date** _____

The information submitted on this form is true and accurate.

<i>For Administrative Use Only</i>
Amount to be reimbursed or paid in advance by the Judicial Entity: _____
As Administrative Authority, I have reviewed this request for payment for bilingual compensation. _____ Yes, I approve this request. _____ No, I disapprove this request.
Administrative Authority Signature: _____ Date _____

cc: Employee Personnel File; Judicial Entity Human Resource Representative; Fiscal Division; Chief Judge

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BILINGUAL COMMUNICATION ADDITIONAL COMPENSATION REQUEST FORM

Bilingual compensation shall not exceed \$1.00 per hour. Certification must be current at all times or compensation shall be removed. Upon job change bilingual compensation shall be assessed based on need and may be removed. Staff classified as Court Interpreters are not eligible.

Employee Name: _____

Judicial Entity: _____ **Job Title:** _____

Court Location: _____ **Certified Second Language:** _____

Please attach:

- **NM Center for Language Access Bilingual Certification**
 - **Certification Date** _____ **Expiration Date** _____

- **Certified Court Interpreter Certification**
 - **Certification Date** _____ **Expiration Date** _____

Please explain the condition and/or situation necessitating this request for payment of bilingual certification training:

Employee Signature: _____ **Date** _____

Immediate Supervisor Signature: _____ **Date** _____

The information submitted on this form is true and accurate.

For Administrative Use Only	
Date Bilingual Compensation to begin: _____	Current Hourly Rate: _____ New Hourly Rate: _____
As Administrative Authority, I have reviewed this request for bilingual compensation. _____ Yes, I approve this request. _____ No, I disapprove this request.	
Administrative Authority Signature: _____ Date _____	
Human Resources Representative: _____	

cc: Employee Personnel File; Judicial Entity Human Resource Representative; Fiscal Division; Chief Judge