

NEW MEXICO JUDICIAL BRANCH

BILINGUAL CERTIFICATION

ADVANCED - TRAINING REIMBURSEMENT/PAYMENT REQUEST FORM

Reference NMJBPR Part I Section 3.09
Inquiries: AOC HR (505) 827-4937 or 827-4810
Dev: 09/29/10; Rev 10/24/11

- 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.
Reimbursement or payment of training expenses does not guarantee that certification will be awarded or that, if awarded, the employee will be eligible for additional bilingual compensation.
Should bilingual compensation be approved, it 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 Language Access Specialist Certification []
Certified Court Interpreter Certification []

Cost Paid by Judicial Entity in advance: Yes _____ No _____

Cost Reimbursed to employee upon successful completion: Yes _____ No _____

- Certification Training Total Cost: _____
Scholarship Received: Yes _____ No _____ Amount received, if yes: _____
Amount of Reimbursement Requested: \$ _____
Training Dates: _____ Anticipated Completion Date: _____

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

Employee Signature: _____ Date _____

Immediate Supervisor Signature: _____ Date _____

The information submitted on this form is true and accurate.

For Administrative Use Only

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 _____