

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

Reference NMJBPR Part I Section 3.09

**BILINGUAL COMPENSATION REQUEST FORM  
(To Be Completed Upon Award of Language Access Specialist Certification)**

- ❖ Bilingual compensation shall not exceed \$1.00 per hour and may be awarded to employees who have successfully completed training and received certification as a Language Access Specialist through the NM Center for Language Access or those who are certified court interpreters working in another capacity within the NM Judiciary.
- ❖ 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:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Judicial Entity:** \_\_\_\_\_ **Court Location:** \_\_\_\_\_

**Certified Second Language:** \_\_\_\_\_

**Number of employees in Court currently receiving Bilingual Pay:** \_\_\_\_\_

**Please attach:**

- **Language Access Specialist Certification** 
  - **Certification Date** \_\_\_\_\_  
(Certification expires two years from date of certification and may be renewed pending satisfactory completion of AOC continuing education requirements.)
- **Court Interpreter Certification** 
  - **Certification Date** \_\_\_\_\_  
(Continuing certification as a NM Court Interpreter requires compliance with AOC continuing education requirements.)

**Employee Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Immediate Supervisor Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

*The information submitted on this form is true and accurate.*

<b><i>For Administrative Use Only</i></b>	
Date Bilingual Compensation to begin: _____	Current Hourly Rate: _____ New Hourly Rate: _____
I have reviewed this request for bilingual compensation.	
_____ Language Access Sr. Statewide Program Manager	_____ Date
	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove
_____ Human Resources Representative	_____ Date
	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove
_____ Administrative Authority Signature	_____ Date
	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove

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