



**REQUEST FOR BILINGUAL DESIGNATION  
DAEOP BARGAINING UNIT MEMBER**

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Request that the position filled by the individual named below be provided a bilingual designation for the purpose of the award of a stipend under the terms of Agreement between Denver Public Schools and the Denver Association of Educational Office Professionals (DAEOP).

NAME: \_\_\_\_\_ EEID : \_\_\_\_\_ (Required) DATE: \_\_\_\_\_

SCHOOL OR DEPARTMENT: \_\_\_\_\_

DESIGNATED BILINGUAL POSITION: \_\_\_\_\_

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**SUPERVISOR'S STATEMENT:**

**LEVEL OF STIPEND TO BE PAID**

- Level I \$25/Semi-Monthly (Oral and Reading)       Level II \$50/Semi-Monthly (Oral, Reading and Writing)

**JUSTIFICATION:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- A copy of the successful test results must be attached.

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**SUPERVISOR'S APPROVAL:** \_\_\_\_\_

**PRINCIPAL/DEPARTMENT HEAD APPROVAL:** \_\_\_\_\_

Forward signed form to the Payroll Department: [Payroll@dpsk12.org](mailto:Payroll@dpsk12.org)

\*\*Please visit the commons to get additional information to schedule the bilingual test.