

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

Reference NMJBPR Part I Section 3.09

**LANGUAGE ACCESS SPECIALIST CERTIFICATION TRAINING
REIMBURSEMENT/PAYMENT REQUEST FORM**

**Completed ONLY if Employee is Seeking Funds to Pay for Training
(Must Be Submitted and Approved PRIOR to Registering for Training)**

By signing this form the Administrative Authority is approving the employee's advanced request to have the cost of their language access specialist training paid or reimbursed by the court. Reimbursement or payment of training expenses does not guarantee that certification will be awarded or that, if awarded, the employee will be approved for additional bilingual compensation. Staff classified as Court Interpreters are not eligible for this training reimbursement or for the bilingual compensation.

Employee Name: _____

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

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

Certification to be achieved:

- **Language Access Specialist Certification**
- **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 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 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** _____

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