



UNDERFILL REQUEST DESIGNATED BILINGUAL POSITIONS

PRIOR to underfilling a Designated Bilingual Position with a candidate who does NOT meet the bilingual language proficiency requirement, please complete and submit this underfill request c/o fls@southernhealth.ca

A. HIRING MANAGER INFORMATION

Name: _____ Location: _____

Site/Program: _____ Telephone: _____

B. POSITION DETAILS

Competition #: _____ Position Title: _____ EFT: _____

Check one from each line:

New position Existing position

Non-Union | Out of scope Union

Permanent Term Casual

Position Designation Target Designation

C. APPLICANT DETAILS

Name of applicant under consideration: _____

Request to underfill the Designated Bilingual Position with the above-mentioned applicant who does NOT meet the bilingual language proficiency requirement.

Is applicant currently employed with Southern Health-Santé Sud? Yes No

If yes: Non-Union | Out of Scope Union: _____

Applicant is currently in a Position Designation or Target Designation? Yes No

Applicant is enrolled or has completed French Language Training? Yes No

D. RATIONALE FOR REQUEST

Check all that apply:

No applicant meets the bilingual language proficiency requirement.

Bilingual applicant declined.

Bilingual applicant(s) does(do) not meet the degree, certification or other education required.

Bilingual applicant(s) does(do) not have an active registration with the licensing body for regulated profession.

Bilingual applicant(s) does(do) not meet other qualifications. (specify): _____

Bilingual applicant(s) does(do) not demonstrate good work and/or attendance record.
(As documented and outlined in the Employee's Personnel File.)

Other: _____

E. ADVERTISING DETAILS

Internally Externally Internally and externally (simultaneously)

Initial Posting/Advertisement: Posting Date: _____ Closing Date: _____

Repost/Readvertisement: Posting Date: _____ Closing Date: _____

Repost - Open until filled: Posting Date: _____

F. APPLICATION(S), SELECTION OF INTERVIEWEE(S) & ASSESSMENT(S)

French Language Assessment (FLA) completed for all applicable candidates selected for an interview.

Total Number of Applicants: _____

Number of Bilingual Applicants (as per FLA): _____

Number of Bilingual Applicants Interviewed: _____

Applicant Tracking & Screening Tool (SD 4) is attached to this underfill request.

SUBMIT for FLS Unit Approval

FLS UNIT Use only

Approved: YES NO Authorized by email dated: _____

Comments:



When underfilling a designated bilingual position with a candidate that does NOT meet the bilingual language proficiency requirement, it is IMPORTANT that the appropriate **Letter of Offer** is used.