

DEPARTMENT OF HOMELAND SECURITY  
U.S. Immigration and Customs Enforcement

**FOREIGN LANGUAGE REPORTING FORM**

<b>Log foreign language hours until the "208 hours" requirement has been met.</b>				Reporting Period (Month/Year)		Oral Proficiency Interview Score →		
Name (Last, First, M.I.):						Title:		
Series/Grade/Step:				Social Security Number:		Office:		
Foreign Language Spoken (a separate form must be completed for each language):								
Date	Start Time	End Time	No. of Hours of Usage	Narrative		Immediate Supervisor's Signature and Title		Date
<b>TOTAL HOURS</b>			<u>Note:</u> If more space is needed to answer narrative, use a separate sheet of paper with your name and Social Security Number at the top and attach it to this form.					
EMPLOYEE								
_____						_____		
Signature						Date		
CERTIFIED BY								
_____						_____		
Name						Title		
_____						_____		
Signature						Date		

Privacy Act Notice : The Privacy Act of 1974 (5 U.S.C. § 552a) requires that the following notice be provided to you: The authority for collecting the requested information from and about you is 5 U.S.C. § 4523 and 26 U.S.C. § 6109. The primary use of this information is by management and your payroll office to record your interest in and eligibility for a cash award based on your foreign language abilities. Additional disclosures of this information may be: in the event of litigation, to the Department of Justice, courts, adjudicative bodies, counsel, or parties or witnesses to the litigation, if the disclosure is relevant and necessary to or parties or witnesses to the litigation, if the disclosure is relevant and necessary to the litigation; in the event that the information (either alone or with other information), indicates a potential violation of law, to the appropriate authority for action. The foreign language cash award program is voluntary and you are not required to provide your Social Security Number (SSN). However, if you wish to participate in the program, your SSN must be provided. Your SSN is necessary to verify your identity, properly credit any award for which you qualify, and ensure that your tax liability for any increased earnings is properly reported. Your SSN will not be provided to contractors administering any relevant foreign language testing.

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Continuation Sheet

ICE Form 30-005 (05/08)