

ALTERNATE TEST DATE APPLICATION

Genesee County Civil Service

Please review the Genesee County Alternate Test Date Policy prior to completing this form to verify your eligibility for an alternate test date.

Name: _____

Exam (s): _____

Date of Exam: _____

Reasons for Alternate Test Date Request:

1. A death in the immediate family or household within the week preceding the exam.

State Relationship: _____

2. Military commitment (**Provide copy of orders**)

3. Religious accommodations. **State Accommodations:** _____

4. Being a member of a ceremonial party. **State Occasion:** _____

5. Professional or Educational Examination. **State type and submit proof of examination:** _____

6. Vacations for which non-refundable down payments were made before the exam announcement was posted (**Provide documentation of reservations**).

7. Required Court Appearance (**Provide copy of court appearance order**).

8. Medical emergencies (**Provide documentation of proof**).

9. Emergency weather conditions (**Public Safety verification required**).

The Human Resources Director reserves the right to make the final decision in granting permission to obtain an alternate test date. Please attach appropriate documentation verifying the need for the alternate test date.

Applicant Signature: _____ Date: _____

FOR CIVIL SERVICE USE ONLY:

Application Approval: Yes No Reviewer's Name: _____

Reason for Disapproval: _____

Date & Time of Alternate Test Date: _____