

## Request for Review

Any applicant may request a review by the Executive Director of any failure during the testing process, any disapproval of an application by Civil Service staff or any other actions by the Civil Service staff. A request for review must be filed within ten (10) calendar days of the notification of failure, rejection or other staff action.

Name \_\_\_\_\_ Person ID# *(if applicable/known)* \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone (Home) \_\_\_\_\_ Phone (Work) \_\_\_\_\_  
 Current City of Columbus employee? Yes  No

Examination Title: \_\_\_\_\_

Job Code: \_\_\_\_\_

Reason for Request and/or Remarks:

\_\_\_\_\_  
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Additional information attached

\_\_\_\_\_  
 Date \_\_\_\_\_ Signature \_\_\_\_\_

**FOR CIVIL SERVICE COMMISSION USE ONLY**

Current Class \_\_\_\_\_ Job Code \_\_\_\_\_

Dept/Div Name \_\_\_\_\_ Dept/Div # \_\_\_\_\_

Request for Review Number \_\_\_\_\_