Testing Accommodation – Not ADA
(Accommodation Request)

1. Examination: ________________________________

2. Date (or first phase of) of Exam: ________________________________

3. Name: ________________________________

4. Person ID# (if known): ________________________________

5. Street Address: ________________________________
   City, State, Zip Code: ________________________________

6. Telephone Number: ________________________________

7. Email Address: ________________________________

8. Reason For Accommodation: ☐ Military ☐ Medical ☐ Other

9. What type of accommodation are you requesting during the testing process?
   ________________________________
   ________________________________
   ________________________________

10. Why do you believe this accommodation is necessary?
   ________________________________
    ________________________________
    ________________________________

11. You must include documentation verifying your need for the requested accommodation. This can include items such as a medical excuse, a tow truck receipt, a pre-approved vacation request, etc.
   ☐ Attachment

12. If you are requesting a military accommodation, please indicate the dates you are NOT available for testing: From: ______/_____/____ To: ______/_____/____. Please attach a copy of your military orders confirming these dates.
   ☐ Attachment
## Request For Accommodation In Testing

I understand that I must submit this request to the Civil Service Commission as soon as I become aware an accommodation is necessary, or in any event, no later than the date and time of my exam (unless I have had contact with Test Center staff). I certify that the above statements and supporting documentation are truthful and accurate. Furthermore, I understand that pursuant to Civil Service Rule VI(E), if the Civil Service Commission discovers that any answers herein are untrue or fraudulent, I may be prohibited from taking the examination, or otherwise removed from any stage of the selection process. I understand 1) I have a right to request a copy of this completed form; 2) requests are handled on case by case basis; 3) requested accommodations are not guaranteed; and 4) if this request is approved, the accommodation must be completed by the date communicated to me, after which time the approval will no longer be valid.

<table>
<thead>
<tr>
<th>Signature of Applicant, or Applicant’s Designee</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Signature of Civil Service Commission Staff Person</th>
<th>Date</th>
</tr>
</thead>
</table>

Mail or Return to: Columbus Civil Service Commission
ATTENTION: Test Administration
77 North Front Street, 3rd Floor
Columbus, Ohio 43215-9038

### FOR CIVIL SERVICE COMMISSION USE ONLY

1. Did the applicant attach appropriate documentation?
   - [ ] Yes
   - [ ] No
   - If yes, date received: ___________________________

2. If military accommodation was requested, do the applicant’s military orders verify the existence of a conflict between the test date and the date the applicant is scheduled for military duty?
   - [ ] Yes
   - [ ] No

3. Accommodation made?
   - [ ] None
   - [ ] As Requested
   - [ ] Other

4. Date applicant notified (attach correspondence):

5. Comments:

   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________