

## 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

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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.

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Signature of Applicant, or Applicant's Designee

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Date

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Signature of Civil Service Commission Staff Person

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Date

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

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### FOR CIVIL SERVICE COMMISSION USE ONLY

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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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_