

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 (Primary) _____ Email Address _____
 Current City of Columbus employee? Yes No Work Phone _____

Examination Title: _____

Job Code: _____

Reason for Request and/or Remarks:

Additional information attached

 Date _____ Signature _____

FOR CIVIL SERVICE COMMISSION USE ONLY

Current Class _____ Job Code _____

Dept/Div Name _____ Dept/Div # _____

Request for Review Number _____