EXAMINATION APPEAL FORM

INSTRUCTIONS: In order to contest the outcome of any step in the selection process you must complete the form and return it to the Director, Employment Services, within three (3) business days following notice of the examination results. The date you are notified of the results counts as a business day.

APPLICANT INFORMATION

Applicant Name: _______________________________  Last __________________________  First __________________________

Employment Status: □ Current District Employee  □ Not a District Employee

Contact Information: Home/Work Phone __________________________  Email __________________________

BASIS FOR EXAMINATION APPEAL

Examination / Classification Title: __________________________

Examination Date(s): __________________________

Which part of the selection and/or testing process is the subject of the appeal? Check all that apply.

☐ Minimum Qualifications Screening  ☐ Training & Experience Evaluation

☐ Interview  ☐ Written Examination

☐ Performance Test  ☐ Other: __________________________

Which of the following forms the basis for your examination appeal?

☐ PROCEDURAL ERROR  ☐ FRAUD  ☐ UNLAWFUL DISCRIMINATION  ☐ ABUSE OF DISCRETION

Please provide a detailed explanation in support of the basis upon which you are filing an examination appeal. Allegations not supported by facts will not be considered. (Statements that only express general disagreement with test results or with the judgment of raters are not appeals and will be considered complaints.) Attach additional sheets if necessary and any relevant documents.

APPLICANT CERTIFICATION

I have read and certify that the information provided, including attachments, is accurate and complete.

Applicant Signature __________________________  Date __________________________

PERSONNEL COMMISSION USE ONLY

DATE RECEIVED: __________________________

☐ GRANTED  ☐ ELIGIBLE TO CONTINUE EXAMINATION PROCESS  ☐ DENIED  ☐ TIMELINESS

☐ REINSTATE TO ELIGIBILITY LIST  ☐ UNFOUNDED  DATE OF RESPONSE: __________________________