Name:_________________________________ County employee? _____ Yes _____ No
Business address: ______________________ Business phone: __________
Home address: __________________________ Home phone: _____________
Title of examination appealed: __________________________

Designated Representative (if any)
Name____________________________
Address__________________________
Phone___________________________

Examination Steps Attended (if any)
Date of Written____________________
Date of Practical___________________
Date of Oral_______________________

The bases for appeal of an examination are appropriateness or correctness of item or items in written examinations; failure to follow proper examination procedures; or fraud or favoritism in the oral interview process. Identify which basis of appeal is alleged and describe the facts, information or circumstances upon which the appeal is based. (Use additional pages if necessary.) ___________________________________________

______________________________________________________________________
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______________________________________________________________________

State remedy sought (Use additional pages if necessary): ______________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

____________________________________________      _________________
Applicant’s signature                   Date

Effective Date: January 2005