

WARREN COUNTY DEPARTMENT OF HUMAN RESOURCES  
CIVIL SERVICE ADMINISTRATION  
ALTERNATE TEST DATE REQUEST FORM

NAME: \_\_\_\_\_

EXAM DATE: \_\_\_\_\_

EXAM TITLE: \_\_\_\_\_

Please review the Warren County Alternate Test Date Policy **prior to completing this form.**

Please check reason for request:

- Death in immediate family or household:** State relationship and submit documentation;
- Military commitment:** Submit copy of military orders;
- Traditional, religious or civil ceremonial event:** State relationship and submit documentation of participation;
- Religious Accommodations:** Submit statement of accommodation;
- Conflicting professional or educational exam:** Submit supporting documentation for exams described in ATD Policy;
- Non-refundable travel arrangements:** Submit supporting documentation showing down payment date made prior to issuance of exam announcement;
- Previously scheduled employer mandated training:** Provide employer documentation;
- Required Court Appearance:** Provide documentation;
- Medical/health emergency:** Submit documentation from medical professional;
- Emergency weather conditions:** Submit documentation of closure of specific roads or highways which prevent candidate from attending exam;
- Emergency transportation issue:** Submit documentation of issues that prevent attendance at scheduled exam;
- Family member approved for Alternate Test Date for same exam:** Submit documentation;
- Other:** Explain and provide supporting documentation.

PLEASE ATTACH THE APPROPRIATE DOCUMENTATION VERIFYING THE NEED FOR AN ALTERNATE TEST DATE. *The determination as to whether an Alternate Test Date request is approved rests solely with the Director of Human Resources.*

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_