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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
	CE COMMISSION USE ONLY
Current Class	
Dept/Div Name	Dept/Div #
Request for Review Number	