

GREENE COUNTY CIVIL SERVICE COMMISSION  
ALTERNATE TEST DATE APPLICATION

NAME: \_\_\_\_\_ SS # \_\_\_\_\_

EXAM # and TITLE: \_\_\_\_\_ DATE of EXAM \_\_\_\_\_

ADDITIONAL EXAM # and TITLE: \_\_\_\_\_

Please review the Greene County Civil Service Alternate Test Date Policy prior to completing this form to verify your eligibility for an alternate test date. If you are requesting an alternate for more than one exam date, a separate form must be completed.

REASON FOR ALTERNATE TEST DATE: (circle all that apply):

1. A death in the immediate family or household within the week preceding the examination (10 day advance notice will be waived).
2. Military commitment
3. Being a member of a traditional, religious or civil ceremonial party.
4. Religious accommodations, candidate must specify the need for accommodations on a separate sheet
5. Professional or Educational Examination
6. Vacations for which non-refundable down payments were made before the examination announcement was issued.
7. Required court appearances.
8. Medical emergencies
9. Emergency weather conditions (Public safety verification required)
10. Other (list) \_\_\_\_\_

\_\_\_\_\_ must specify in order for Civil Service to make an accurate determination

GREENE COUNTY CIVIL SERVICE reserves the right to make the final decision in granting permission to obtain an alternate test date. Fax copies will be accepted, but the original form must be returned to this office.

PLEASE ATTACH THE APPROPRIATE DOCUMENTATION VERIFYING THE NEED FOR AN ALTERNATE TEST DATE. IF APPROVED AN ALTERNATE TEST DATE ADMISSION LETTER/AFFIRMATION FORM WILL BE SENT TO YOU WHICH YOU MUST BRING WITH YOU ON THE ALTERNATE EXAM DATE.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

FOR CIVIL SERVICE USE ONLY:

APPLICANT APPROVED: Yes _____ No _____	If disapproved State Reason: _____ _____ _____
DATE APPROVAL/DISAPPROVAL SENT TO CANDIDATE: _____	
DATE AND TIME OF ALTERNATE EXAM: _____	
APPROVED BY: _____	DATE _____

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