

# LIVINGSTON COUNTY ALTERNATE TEST DATE REQUEST FORM

<b>Requestor's Name</b>	
<b>Test Name</b>	
<b>Scheduled Test Date</b>	

**Reason you are requesting an alternate test date (Check one):**

- Non-refundable trip
- Hospitalization
- Wedding
- Other traditional, religious or civil ceremonial event
- Family death
- Serious medical condition of family member
- Conflicting examination
- Court appearance
- Emergency weather
- Home emergency
- Serious health condition
- COVID 19
- Disability
- Mandatory Military Training

**Explain fully the facts relevant to your alternate test date request (i.e. why you need an alternate test date):**


[If additional space is needed, attach a separate sheet.]

**Attach to this form documentation proving your need for an alternate test date.**

- Supporting documentation is attached; or
- If the basis of your request is a disability, attach a completed Exam Accommodation Request form.

**I affirm under penalties of perjury that the statements made on this request form, including any attached papers, are true. I understand that any misrepresentations may result in my disqualification for examination/appointment or my removal from employment following appointment.**

**I also agree that if I am granted an alternate test date I will not speak with any other person regarding the contents of the test booklets or questions for the examination. I also understand that I will be required to truthfully affirm prior to beginning the examination that I had no prior knowledge of the contents of the test booklets or questions used in the examination. If I am unable to make such affirmation, I will not be permitted to take the examination.**

<b>Signature</b>	
<b>Date of request</b>	