CITY OF KINGSTON DEPARTMENT OF CIVIL SERVICE
ALTERNATE TEST DATE APPLICATION

NAME (LAST, FIRST, MI)	SOCIAL SECURITY NUMBER
EXAM # (s) and Title	Date of Scheduled Exam (s)

Please review the City of Kingston Department of Civil Service Alternate Test Date Policy prior to completing this form to verify your eligibility for an alternate test date.

Reason for Alternate Test Date Request (circle all that apply):

1. A death in the immediate family or household within the week preceding the examination.
2. Military Commitment.
3. Being a member of a wedding party or a member of the immediate family or household of the bride or groom.
4. Having a conflicting Federal or Educational examination.
5. Vacations for which non-refundable down payments have been made before the examination announcement has been issued.
6. Required court appearance.
7. Medical emergencies, scheduled surgery or accidents involving memebers of the immediate family or household.
8. Emergency weather conditions that lead to the closing of specific roads, highways or independent transportation services which prevents a candidate from reaching the test center.
9. Religious observance

The Civil Service Office must be notified "by the close of the next business day following the exam" of any occurrences as described in numbers 1, 6, 7, or 8.

The Civil Service Commission reserves the right to make the final decision oin granting permission to obtain an alternate test date. Please attach appropriate documentation verifying the need for the alternate test date.

Applicant Signature _____ Date _____

For Civil Service Office Use Only:

Application Approved: Yes ☐ No ☐	If Disapproved state reason:
Date Disposition Sent to Applicant: _____	
Date and Time of Alternate Exam: _____	

Authorized Signature: _____

CITY OF KINGSTON DEPARTMENT OF CIVIL SERVICE
420 BROADWAY
KINGSTON, NY 12401
845-334-3921
845-334-3946 FAX
MONDAY THROUGH FRIDAY 8:30 A.M. - 4:30 P.M.
www.kingston-ny.gov