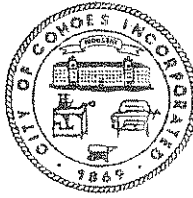


**MUNICIPAL CIVIL
SERVICE COMMISSION**

97 Mohawk Street
Cohoes, New York
12047-2897



Phone: (518) 233-2132
Fax: (518) 233-2160

**City of Cohoes
Alternate Test Date Approval Form**

Candidate Name _____ S.S.# _____

Examination Name _____ Examination Date _____

Date of Request _____

Reason for Alternate Test Date Request (circle all the apply).

1. Death in immediate family or household within the week preceding the examination (10 day advance notice will be waived).
2. Military commitment.
3. Member of a traditional, religious or civil ceremonial party or a member of the immediate family or household of the individual for whom the ceremony is being held.
4. Having a conflicting professional or educational examination.
5. Vacations for which non-refundable down payments were made before the examination announcement was issued.
6. Required court appearance.
7. Medical emergencies involving a hospital confinement or certification from a physician that the candidate is unable to appear for the examination due to a specific medical problem of the candidate or member of the immediate family or household.
8. Emergency weather conditions, verified by the local public safety agency, that lead to the closing of specific roads, highways or independent transportation services which prevents a candidate from reaching the test center.
9. Other reason not listed _____

Please attach appropriate documentation verifying the need for the alternate test date.

The Cohoes Civil Service Commission reserves the right to make the final decision in granting permission to obtain an alternate test date.

Disposition of Request _____

Notification of Applicant _____ Date Alternate Exam _____

Notification of NYSCS _____