



Return completed form via email to  
classifiedservices@columbus.k12.oh.us

**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, or any other actions by Columbus City Schools staff. This Request for Review must be filed within ten (10) calendar days of the notification of failure, rejection, or other staff action.

Name \_\_\_\_\_ Person ID # \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone (Home) \_\_\_\_\_ Telephone (Work) \_\_\_\_\_

Examination Title: \_\_\_\_\_  
 Job Code: \_\_\_\_\_  
 Reason for Request and/or Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Additional information attached

Date

Signature

**For Columbus City Schools use only**

Current Class \_\_\_\_\_ Job Code \_\_\_\_\_  
 Dept/Div Name \_\_\_\_\_ Dept/Div Number \_\_\_\_\_  
 Request for Review Number \_\_\_\_\_