



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

## ***Request for Review***

Any applicant may request a review by the Talent Acquisition Manager of any failure during the testing process or any disapproval of an application. This Request for Review must be filed within ten (10) calendar days of the notification of failure or rejection.

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

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Examination Title: \_\_\_\_\_

Job Code: \_\_\_\_\_

Reason for Request and/or Remarks: \_\_\_\_\_

\_\_\_\_\_

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Additional information attached

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

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### **For Columbus City Schools use only**

Current Class \_\_\_\_\_ Job Code \_\_\_\_\_

Dept/Div Name \_\_\_\_\_ Dept/Div Number \_\_\_\_\_

Request for Review Number \_\_\_\_\_