SUFFOLK COUNTY DEPARTMENT OF CIVIL SERVICE
NORTH COUNTY COMPLEX, BLDG. #158
P.O. BOX 6100
HAUPPAUGE, NY 11788

WAIVER APPLICATION

*Directions: If the examination title you list below requires you to pass a qualifying typing/dictation test, you **may** be eligible for a waiver of the test described in the civil service examination announcement for that title **if** you satisfy one of the waiver options listed below. To apply for a waiver, complete section A below, **and** one of the remaining sections.*

SECTION A – APPLICANT MUST COMPLETE THIS SECTION

PLEASE PRINT THE FOLLOWING INFORMATION:

TODAY'S DATE: _____ WRITTEN TEST DATE: _____

LAST NAME: _____ FIRST NAME: _____

SOCIAL SECURITY NUMBER: _____ DAYTIME TELEPHONE #: _____

TITLE(S) OF EXAMINATION (please indicate whether title is open competitive or promotional) : _____

_____

SECTION B – USE THIS SECTION TO REQUEST A WAIVER BASED UPON A PREVIOUS TYPING/DICTATION TEST

I REQUEST A WAIVER BASED UPON A TYPING/DICTATION TEST THAT I TOOK WITHIN FOUR YEARS PRIOR TO THE WRITTEN TEST DATE ABOVE AND ADMINISTERED BY THE FOLLOWING AGENCY: (Tests administered by agencies other than those identified below are NOT acceptable.)

- ☐ SUFFOLK COUNTY CIVIL SERVICE DEPARTMENT (**TYPING TEST**)
- ☐ SUFFOLK COUNTY CIVIL SERVICE DEPARTMENT (**DICTATION TEST**)
- ☐ N.Y. STATE DEPARTMENT OF CIVIL SERVICE (Please submit documentation)

SECTION C – USE THIS SECTION TO REQUEST A WAIVER BASED UPON QUALIFYING PUBLIC EMPLOYMENT

Directions: You may use this section to request a waiver based upon PAST OR PRESENT status in a job title that you held in an agency or municipality under the jurisdiction of the Suffolk County Department of Civil Service. To be eligible for a waiver under this section you MUST hold or have held permanent competitive status in a title that required you to pass the same typing/dictation performance test that you now wish to have waived.

INDICATE THE TITLE IN WHICH YOU HOLD
OR HELD PERMANENT COMPETITIVE STATUS: _____

CURRENTLY EMPLOYED BY: _____

FOR C.S. USE ONLY

APPROVED	DISAPPROVED	REASON FOR DISAPPROVAL
REVIEWER:	REVIEWER:	

Revised 5/20/2002. Earlier editions of this form are obsolete and should be discarded.