

This form is to be used to request the disqualification of an applicant on an issued certification list pursuant to Rule 9.5 of the Personnel Board Rules and Regulations. A request to disqualify should be made based only on a legitimate and demonstrable reason. Appropriate justification must be provided within this form and supporting documentation must be provided where requested.

AGENCY & DEPARTMENT INFORMATION

Agency: _____

Department: _____

Contact Person Name: _____

Contact Person Phone Number: _____

Contact Person Email: _____

APPLICANT INFORMATION

Applicant Name: _____

Job applied to: _____

Workday Requisition Number: _____

Basis for Disqualification: _____

Statement Justifying Request to Disqualify: (Note: The statement must provide sufficient information to allow the Personnel Board to make a determination regarding the disqualification request. The applicant will only be removed from the issued certification list only after a final decision has been rendered by the Personnel Board Director and appropriate notice made to the applicant. Additional documentation may be requested from the Personnel Board in order to render a final decision)

SIGNATURE

I certify that the above is a correct and accurate representation of information obtained regarding the indicated applicant and request that the applicant be removed from the issued certification list.

Appointing Authority Signature(or authorized designee)

Date