



County of Marin  
Examination Appeal Form  
Human Resources Department  
PMR 31 – Examination Process

Name: \_\_\_\_\_ County employee? \_\_\_ Yes \_\_\_ No

Business address: \_\_\_\_\_ Business phone: \_\_\_\_\_

Home address: \_\_\_\_\_ Home phone: \_\_\_\_\_

Title of examination appealed: \_\_\_\_\_

<p>Designated Representative (if any)</p> <p>Name _____</p> <p>Address _____</p> <p>Phone _____</p>	<p>Examination Steps Attended (if any)</p> <p>Date of Written _____</p> <p>Date of Practical _____</p> <p>Date of Oral _____</p>
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The bases for appeal of an examination are appropriateness or correctness of item or items in written examinations; failure to follow proper examination procedures; or fraud or favoritism in the oral interview process. Identify which basis of appeal is alleged and describe the facts, information or circumstances upon which the appeal is based. (Use additional pages if necessary.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State remedy sought (Use additional pages if necessary): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date