#### CITY OF TORRANCE - CIVIL SERVICE COMMISSION

# INSTRUCTIONS FOR FILING A REQUEST FOR THE SPECIAL ADMINISTRATION OF AN EXAMINATION

If you have questions, you may call (310) 618-2956 or (310) 618-2967.

## **SECTION I:** Timely Request

This form is to request the special administration of an examination. Such a request must be made prior to the scheduled date of the examination. Requests received subsequent to the administration of any examination part must provide compelling evidence that prior notice could not have been given. Failure of the U.S. Postal Service to deliver notice of an examination in a timely and efficient manner in and of itself shall not constitute just cause.

### SECTION II: Special Circumstances

Special administrations can be made to those applicants who are unavailable for examination due to:

- a. The death of an immediate family member (as defined by the Torrance Municipal Code.)\*
- b. Subpoena from a Court or officially recognized hearing body.
- c. Serving on jury duty.
- d. Religious reasons.
- e. Military service other than routine military duties.
- \* The Torrance Municipal Code (14.36.5) defines immediate family members as: spouse, mother, mother-in-law, father-in-law, sister, brother, child or quardian.

#### **SECTION III: Other**

Out of area applicants may also request the special administration of an examination. \*\*

\*\* The Policy of the Civil Service Commission indicates that the avoidance of unnecessary expense to an applicant shall be sufficient cause for an out of area examination.

### SECTION IV: Supporting Documentation

Satisfactory evidence substantiating the special administration request must be provided to the Civil Service Manager at the time of the request.

Submit request to:

City of Torrance Civil Service Commission Brianne Cohen, Civil Service Manager 3231 Torrance Blvd, Torrance CA 90503.

E-mail: CivilServiceCommission@TorranceCA.Gov

Fax: (310) 618-2726

# CITY OF TORRANCE – CIVIL SERVICE COMMISSION EXAMINATION SPECIAL ADMINISTRATION REQUEST FORM

(Instructions for completing this form are on the other side of this sheet)

First	Name	Last Name	
Addı	ress, City, State, Zip		
E-m	ail address	Phone Number	
Exar	mination Title	Examination Date	
l.	Are you filing a request	prior to the scheduled date of the examination? $\Box$ Yes $\Box$ No	)
	What type of exam are	you requesting a special administration?	
	<ul><li>□ Written Exam</li><li>□ Performance Exam</li><li>□ Panel Interview</li><li>□ Other</li></ul>		
II.	Reason – What is the re	eason for your request?	
		family member (spouse, mother, mother-in-law, father, other, child or guardian.	
	<ul><li>☐ Serving on jury duty.</li><li>☐ Religious reasons.</li></ul>	rt or officially recognized hearing body.  nan routine military duties.  n)	
III.	Supporting Documentat	ion	
	This form must be accoreason for your request.	mpanied by copies of substantiating documents that support	t the
	Have you attached docu	umentation supporting your request? □Yes □No	
Sign	nature	Date	