

Example 2.3a

STATE UNIVERSITIES CIVIL SERVICE SYSTEM
 1717 Philo Road, Suite 24, Urbana, IL 61802-6099

 Place of Employment

**REQUEST FOR PRIOR APPROVAL OF
 COMPENSATORY QUALIFICATION(S) FOR EXAMINATION**

TO: Executive Director of the System

FROM:

DATE:

In the case of the application of :

Who has applied for examination in the class of:

I hereby request consideration for compensatory qualification(s) as follows:

Minimum Qualification(s) Required by Class Specification Not Offered by Applicant	Compensatory Qualification(s) Offered . Please furnish complete information.

Reason for request: _____

Recruiting: Internal: _____

External: _____

There is/are _____ name(s) on the active register(s) for this class as of the date of this request.

No. on Reemployment Register	_____	No. of Qualified Applicants to	_____
No. on Promotional Register	_____	be tested	_____
No. on Original Entry Register	_____	OE	_____
		PR	_____

This request is made in accordance with section 250.50(b)(3) of the Illinois Administrative Code (80 Ill. Adm. Code §250.50(b)(3) (2000)).

 Date

 Approved by Designated Employer Representative

Approved

Not Approved

 Executive Director

 Date