

MONROE COUNTY
TYPING PERFORMANCE TEST WAIVER

Name (Please Print)

Social Security Number

Date of Civil Service Exam

The exam you are taking requires a Qualifying Typing Performance Test. The exam announcement will inform you of the minimum words per minute required to pass your typing performance test along with additional information.

WAIVER AND/OR DOCUMENTATION MUST BE POSTMARKED, FAXED OR RECEIVED
IN THIS OFFICE NO LATER THAN THIRTY (30) DAYS AFTER THE WRITTEN EXAM.

If you submit this waiver and/or documentation but it is not done correctly or information is missing or incomplete, it will be returned to you. If you do not submit this waiver and/or documentation within the thirty (30) day time frame, you will be required to take the scheduled typing test. You will be notified by mail of your test time and location.

I AM REQUESTING A WAIVER OF THE TYPING PERFORMANCE TEST BECAUSE:

1. I am providing documentation that I have been successful on a five (5) minute typing performance test at or above the rate of speed required for the exam I am taking, with at least a 96% accuracy rate.
- The actual typing test date must be within five (5) years prior to or within thirty (30) days after the written exam.
 - Documentation may be from a high school continuing education, college, business school, employment agency or local civil service agency.
 - Proper documentation consists of:
 - ✓ Name
 - ✓ Social security number
 - ✓ Date of performance test
 - ✓ Statement saying typing test was five (5) minutes in length
 - ✓ Speed in words per minute
 - ✓ Number of errors
 - ✓ On official letterhead with the signature, title and phone number of the person providing the documentation

2. I am **currently employed** by Monroe County or a public agency or jurisdiction served by the Monroe County Civil Service Commission and presently hold permanent or contingent permanent competitive status in a **title that required a typing performance test at or above the rate of speed required for the exam I am taking.**

Current title: _____

Dept or jurisdiction: _____

MAIL

Monroe County Department of Human Resources
39 West Main Street, Room 210
Rochester, NY 14614-1471
Attention: Suzanne

FAX

(585) 324-4276
Attention:
Suzanne