



NON-COMPETITIVE PROMOTION EXAMINATION REQUEST FORM-LMS

Promotional Exam Type Requested by Jurisdiction:

NCP T&E RC-NCP

When submitting a request, email a single PDF containing both this completed request form and a current, complete, and signed application to RCLMS@co.rockland.ny.us.

Date of Request: _____

Jurisdiction: _____

Requestor Name: _____ Contact Number: _____

Nominee Name: _____

Social Security#: _____

Permanent Title: _____

Promotional Title: _____ Position #: _____

Via my signature below, I certify that I am making this request in accordance with the requirements of Section 52 (7) of the Civil Service Law and Rule XV (4) of the Rockland County Civil Service Rules.

Appointing Authority Name: _____

Appointing Authority Signature: _____

Comments: _____
