

**IMPORTANT NOTICE**  
**DISQUALIFICATION AND APPEALS RIGHTS**

Please print the requested information in the spaces provided below. This form **MUST** be returned with your other paperwork.

Class Title:

Name:

**DISQUALIFICATION INFORMATION:**

Candidates will be automatically disqualified from the examination process for the following reasons: Communicating the content of any examination to other candidates or potential candidates. Failing to return this form with the other required paperwork. Failing to follow the directions provided in the instructions.

**APPEAL RIGHTS:**

You have the right to appeal if you believe the content or conduct of this examination was arbitrary, capricious or contrary to rule or law. Your appeal must be in writing, signed by you or your representative, and must be mailed or delivered no later than ten (10) calendar days from the date the position announcement/examination closes. Address your appeal as follows:

State Personnel Board and Director  
Attention: Appeals Processing  
633 17th Street, Suite 1320  
Denver CO 80202-3660

Appeals of alleged discrimination in connection with selection activity must be filed with the State Personnel Board or the Civil Rights Division within 10 days of the alleged discriminatory practice.

**CERTIFICATION:**

I understand that I will be disqualified from the examination process for any of the reasons stated above. I further certify that my appeal rights have been explained to me.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_